ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

PENNSYLVANIA

Part 2
HAVERTOWN to PHILADELPHIA

87/88

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

RA997
.M43
1988
Pennsylvania
Pt. 2

MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

PENNSYLVANIA

Part 2

HAVERTOWN TO PHILADELPHIA

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Washington, DC 20402

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, ''Further Considerations.'' This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

Commonwealth of Pennsylvania
Department of Health
HARRISBURG

Overview of Nursing Home Licensure Program

Nursing homes are licensed in Pennsylvania by the Division of Long Term Care in the Department of Health in accordance with the Health Care Facilities Act (136-1980). The law provides for licensure periods of up to one year when an inspection by the Department confirms that the patient care and services provided by the home are acceptable.

No distinction is made between levels of care for state licensure; one set of licensure regulations apply to all nursing homes operated in the state. Inspections (surveys) are conducted annually by health care professionals who are predominantly registered nurses.

Pennsylvania's regulations were upgraded in 1987 and include a provision for 24-hour coverage by a registered nurse in all nursing homes. There are 679 nursing homes in Pennsylvania serving more than 86,000 residents.

Overview of Enforcement System

When substandard conditions are found in any facility, the nursing home must submit a plan to correct the conditions to the Department. The Department monitors compliance with the plan to correct deficiencies and may also apply a variety of sanctions as provided in state law.

> Provisional Licenses - May be issued for periods of time up to six months. Only four consecutive provisional licenses may be issued.
>
> Bans - Prohibiting the admission of patients may be applied.
>
> Civil Penalties - May be levied at $100 per day per deficiency until deficiencies are corrected.
>
> Licensure Revocation - Orders withdrawing licenses to operate may be issued.
>
> Appointment of Master - The Department may petition the court to appoint a Master (operator) for the facility.

During the calendar year 1987, 98 Provisional Licenses were issued, admissions were banned in 24 facilities, Civil Penalties were levied to 10 facilities, and 5 licenses were revoked.

P.O. BOX 90, HARRISBURG, PA 17108

Commonwealth of Pennsylvania
Department of Health
HARRISBURG

Resources Available to Consumers

- State survey agencies: Joyce McNamara, R.N., Director
  Division of Long Term Care
  Pennsylvania Department of Health
  Room 526 Health and Welfare Building
  Harrisburg, PA 17120
  (717) 787-1816

  The Division is responsible for licensure/certification of nursing homes.

- State Office on Aging: Pennsylvania Department of Aging
  6th Floor Barto Building, 231 State Street
  Harrisburg, PA 17120
  (717) 783-1550

- Ombudsman program: Laurie Sisak
  Pennsylvania Department of Aging
  Bureau of Advocacy
  5th Floor Barto Building, 231 State Street
  Harrisburg, PA 17101
  (717) 783-7247

  In Pennsylvania, the Ombudsman Program is under the auspices of the Department of Aging and operated through the Area Agencies for Aging in each county. An interagency agreement between the Departments of Health and Aging provide for the referral and investigation of complaints and the sharing of information between agencies.

- Complaint units or "hot lines": Governor's Hotline, 1-800-932-0784

- Medicaid fraud unit: Charles P. Mackin, Jr., Director
  Medicaid Fraud Control Section
  Office of Attorney General
  16th Floor Strawberry Square Building
  Harrisburg, PA 17120
  (717) 783-1480

- Nursing home survey results: Division of Long Term Care
  526 Health and Welfare Building
  Harrisburg, PA 17120
  (717) 787-1816

- Medicare/Medicaid Certification data: U.S. Department of Health and Human Services
  Health Care Financing Administration
  Region III
  P.O. Box 7760, 3535 Market Street
  Philadelphia, PA 19101
  (215) 596-6571

P.O. BOX 90, HARRISBURG, PA 17108

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter**.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:

City and State:

Participation:

# of Beds:

Type of Ownership:

Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
HAVERFORD NURSING + REHAB CENTER

Street Address: 2050 OLD WEST CHESTER PIKE		**City and State:** HAVERTOWN PA 19083	
Participation: MEDICARE SNF	**# of Beds:** 110	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 8	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	74.5	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	95.1	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	97	95.1	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	94.1	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	68.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	35.3	34.9	37.7
Completely bedfast residents.	4	3.9	2.3	3.4
Residents confined to chairs.	32	31.4	52.1	50.8
Residents requiring restraints.	38	37.3	40.3	41.3
Confused or disoriented residents.	45	44.1	57.4	58.4
Residents with bed sores.	6	5.9	7.8	7.1
Residents receiving special skin care.	3	2.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAZLETON NRSNG GERI CNTR

Street Address: 1000 WEST 27TH ST		**City and State:** HAZLETON PA 18201	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 183	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
166	2	139

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	117	70.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	114	68.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	94	56.6	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	69.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	54.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	26.5	34.9	37.7
Completely bedfast residents.	2	1.2	2.3	3.4
Residents confined to chairs.	76	45.8	52.1	50.8
Residents requiring restraints.	53	31.9	40.3	41.3
Confused or disoriented residents.	103	62.0	57.4	58.4
Residents with bed sores.	14	8.4	7.8	7.1
Residents receiving special skin care.	39	23.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOUNTAIN CITY CONV REHAB CNTR

Street Address: 1000 W 27TH ST PO BOX 2307	**City and State:** HAZLETON PA 18201

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 0	**Medicaid Residents:** 106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	79.6	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	79	69.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	60	53.1	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	51.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	51.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	11	9.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	15.9	34.9	37.7
Completely bedfast residents.	7	6.2	2.3	3.4
Residents confined to chairs.	53	46.9	52.1	50.8
Residents requiring restraints.	19	16.8	40.3	41.3
Confused or disoriented residents.	80	70.8	57.4	58.4
Residents with bed sores.	10	8.8	7.8	7.1
Residents receiving special skin care.	29	25.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAINT LUKE MANOR

Street Address: 1711 EAST BROAD ST	**City and State:** HAZLETON PA 18201

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 4	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	76.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	88	86.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	67	65.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	94.1	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	66.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	37.3	34.9	37.7
Completely bedfast residents.	3	2.9	2.3	3.4
Residents confined to chairs.	34	33.3	52.1	50.8
Residents requiring restraints.	51	50.0	40.3	41.3
Confused or disoriented residents.	58	56.9	57.4	58.4
Residents with bed sores.	8	7.8	7.8	7.1
Residents receiving special skin care.	25	24.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST LUKE PAVILION

Street Address: 1000 STACIE DR	**City and State:** HAZLETON PA 18201

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 3	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	80.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	110	94.0	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	97	82.9	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	79.5	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	67.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	29	24.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	88	75.2	34.9	37.7
Completely bedfast residents.	1	0.9	2.3	3.4
Residents confined to chairs.	46	39.3	52.1	50.8
Residents requiring restraints.	45	38.5	40.3	41.3
Confused or disoriented residents.	67	57.3	57.4	58.4
Residents with bed sores.	5	4.3	7.8	7.1
Residents receiving special skin care.	28	23.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARY ELLEN CONV HM INC

Street Address: 204 LEITHSVILLE RD	**City and State:** HELLERTOWN PA 18055

Participation: MEDICAID ICF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	89.8	75.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	42	85.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	40	81.6	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	81.6	68.0	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	75.5	62.4	59.1
Residents on individually written bowel and bladder retraining program.	38	77.6	10.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	32.7	29.6	29.3
Completely bedfast residents.	0	0.0	2.1	3.6
Residents confined to chairs.	16	32.7	35.3	39.1
Residents requiring restraints.	26	53.1	32.9	31.7
Confused or disoriented residents.	42	85.7	59.3	55.8
Residents with bed sores.	1	2.0	3.2	4.7
Residents receiving special skin care.	2	4.1	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITALITY CARE CTR HERMITAGE

Street Address: 3726 E STATE ST	**City and State:** HERMITAGE PA 16146

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 28	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	72.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	21	84.0	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	21	84.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	80.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	72.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	48.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	12	48.0	52.1	50.8
Residents requiring restraints.	5	20.0	40.3	41.3
Confused or disoriented residents.	5	20.0	57.4	58.4
Residents with bed sores.	1	4.0	7.8	7.1
Residents receiving special skin care.	7	28.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHN XXIII FOR SENIOR CITIZENS

Street Address: 2250 SHENANGO VALLEY FREEWAY		**City and State:** HERMITAGE PA 16148	
Participation: MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 0	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	98.8	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	84	97.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	78	90.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	91.9	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	86.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	3.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	44.2	34.9	37.7
Completely bedfast residents.	1	1.2	2.3	3.4
Residents confined to chairs.	28	32.6	52.1	50.8
Residents requiring restraints.	48	55.8	40.3	41.3
Confused or disoriented residents.	58	67.4	57.4	58.4
Residents with bed sores.	1	1.2	7.8	7.1
Residents receiving special skin care.	53	61.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NUGENT CONVALESCENT HOME INC

Street Address: 500 CLARKSVILLE ROAD	**City and State:** HERMITAGE PA 16148

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	**Medicare Residents:** 6	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	96.1	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	74	96.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	66	85.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	85.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	84.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	37.7	34.9	37.7
Completely bedfast residents.	8	10.4	2.3	3.4
Residents confined to chairs.	56	72.7	52.1	50.8
Residents requiring restraints.	54	70.1	40.3	41.3
Confused or disoriented residents.	59	76.6	57.4	58.4
Residents with bed sores.	6	7.8	7.8	7.1
Residents receiving special skin care.	45	58.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALPINE NURSING + CONV HOME

Street Address: RUHEHAUS LANE	**City and State:** HERSHEY PA 17033

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 207	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 155	**Medicare Residents:** 5	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	134	86.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	124	80.0	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	114	73.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	74.2	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	75.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	18	11.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	34.2	34.9	37.7
Completely bedfast residents.	12	7.7	2.3	3.4
Residents confined to chairs.	39	25.2	52.1	50.8
Residents requiring restraints.	42	27.1	40.3	41.3
Confused or disoriented residents.	90	58.1	57.4	58.4
Residents with bed sores.	14	9.0	7.8	7.1
Residents receiving special skin care.	48	31.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOUNTAIN VIEW MANOR

Street Address: BOX 198 MT VIEW DRIVE	**City and State:** HILLSDALE PA 15746

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	81.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	73	89.0	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	71	86.6	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	86.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	89.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	67	81.7	34.9	37.7
Completely bedfast residents.	3	3.7	2.3	3.4
Residents confined to chairs.	44	53.7	52.1	50.8
Residents requiring restraints.	52	63.4	40.3	41.3
Confused or disoriented residents.	57	69.5	57.4	58.4
Residents with bed sores.	10	12.2	7.8	7.1
Residents receiving special skin care.	70	85.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPH NURSING HOME FOR AGED

Street Address: 1182 HOLLAND RD		**City and State:** HOLLAND PA 18966	
Participation: MEDICAID SNF/ICF	**# of Beds:** 38	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	88.9	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	31	86.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	23	63.9	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	52.8	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	63.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	38.9	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	20	55.6	52.1	50.8
Residents requiring restraints.	7	19.4	40.3	41.3
Confused or disoriented residents.	26	72.2	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	0	0.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TWINING HALL

Street Address: 280 MIDDLE HOLLAND RD		**City and State:** HOLLAND PA 18966	
Participation: MEDICARE SNF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 3	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	76.9	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	70	89.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	57	73.1	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	82.1	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	62.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	28	35.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	28.2	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	49	62.8	52.1	50.8
Residents requiring restraints.	36	46.2	40.3	41.3
Confused or disoriented residents.	49	62.8	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	25	32.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALLEGHENY LUTHERAN HOME

Street Address: 916 HICKORY ST		**City and State:** HOLLIDAYSBURG PA 16648	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 89	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
86	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	88.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	75	87.2	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	72	83.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	74.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	77.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	29.1	34.9	37.7
Completely bedfast residents.	3	3.5	2.3	3.4
Residents confined to chairs.	53	61.6	52.1	50.8
Residents requiring restraints.	31	36.0	40.3	41.3
Confused or disoriented residents.	50	58.1	57.4	58.4
Residents with bed sores.	3	3.5	7.8	7.1
Residents receiving special skin care.	12	14.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARVEY MANOR

Street Address: LOGAN BOULEVARD M R		**City and State:** HOLLIDAYSBURG PA 16648	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
146	3	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	123	84.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	126	86.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	114	78.1	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	75.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	111	76.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	71	48.6	34.9	37.7
Completely bedfast residents.	3	2.1	2.3	3.4
Residents confined to chairs.	79	54.1	52.1	50.8
Residents requiring restraints.	88	60.3	40.3	41.3
Confused or disoriented residents.	110	75.3	57.4	58.4
Residents with bed sores.	16	11.0	7.8	7.1
Residents receiving special skin care.	122	83.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNITED PRESBYTERIAN HM HUNTINGDON

Street Address: 220 NEWRY ST		**City and State:** HOLLIDAYSBURG PA 16648	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 67	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	71.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	58	87.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	51	77.3	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	72.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	71.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	22.7	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	35	53.0	52.1	50.8
Residents requiring restraints.	19	28.8	40.3	41.3
Confused or disoriented residents.	34	51.5	57.4	58.4
Residents with bed sores.	3	4.5	7.8	7.1
Residents receiving special skin care.	29	43.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLIS NURSING CENTER

Street Address: 1800 WEST ST		**City and State:** HOMESTEAD PA 15120	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 74	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
64	50	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	71.9	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	60	93.8	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	60	93.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	93.8	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	85.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	57.8	34.9	37.7
Completely bedfast residents.	9	14.1	2.3	3.4
Residents confined to chairs.	11	17.2	52.1	50.8
Residents requiring restraints.	14	21.9	40.3	41.3
Confused or disoriented residents.	17	26.6	57.4	58.4
Residents with bed sores.	18	28.1	7.8	7.1
Residents receiving special skin care.	12	18.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELLEN MEMORIAL HLTH CARE CTR

Street Address: RD 1 PO BOX 1147	**City and State:** HONESDALE PA 18431

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 129	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	**Medicare Residents:** 2	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	76.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	106	87.6	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	92	76.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	76.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	48.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	33.1	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	62	51.2	52.1	50.8
Residents requiring restraints.	67	55.4	40.3	41.3
Confused or disoriented residents.	81	66.9	57.4	58.4
Residents with bed sores.	10	8.3	7.8	7.1
Residents receiving special skin care.	8	6.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WAYNE CO MEM HOSP-ECF

Street Address: PARK + WEST ST	**City and State:** HONESDALE PA 18431

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 28	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 13	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	65.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	25	96.2	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	25	96.2	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	84.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	61.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	30.8	34.9	37.7
Completely bedfast residents.	4	15.4	2.3	3.4
Residents confined to chairs.	5	19.2	52.1	50.8
Residents requiring restraints.	7	26.9	40.3	41.3
Confused or disoriented residents.	11	42.3	57.4	58.4
Residents with bed sores.	3	11.5	7.8	7.1
Residents receiving special skin care.	10	38.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HICKORY HOUSE NRSG HM

Street Address: RD 3 BOX 84	**City and State:** HONEY BROOK PA 19344

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 3	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	73.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	75	77.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	66	68.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	85.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	43.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	6.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	32.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	36	37.1	52.1	50.8
Residents requiring restraints.	25	25.8	40.3	41.3
Confused or disoriented residents.	43	44.3	57.4	58.4
Residents with bed sores.	4	4.1	7.8	7.1
Residents receiving special skin care.	35	36.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TEL HAI NURSING CENTER INC

Street Address: RD 2 BOX 190	**City and State:** HONEYBROOK PA 19344

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	76.1	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	106	90.6	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	102	87.2	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	72.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	75.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	39.3	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	62	53.0	52.1	50.8
Residents requiring restraints.	33	28.2	40.3	41.3
Confused or disoriented residents.	70	59.8	57.4	58.4
Residents with bed sores.	8	6.8	7.8	7.1
Residents receiving special skin care.	38	32.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HUNTINGDON COUNTY NH

Street Address: WARM SPRINGS AVENUE	**City and State:** HUNTINGDON PA 16652

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 93	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 2	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	82.6	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	78	84.8	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	69	75.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	78.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	66.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	4.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	33.7	34.9	37.7
Completely bedfast residents.	1	1.1	2.3	3.4
Residents confined to chairs.	29	31.5	52.1	50.8
Residents requiring restraints.	60	65.2	40.3	41.3
Confused or disoriented residents.	51	55.4	57.4	58.4
Residents with bed sores.	7	7.6	7.8	7.1
Residents receiving special skin care.	55	59.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMERON MANOR

Street Address: 1515 WAYNE AVE	**City and State:** INDIANA PA 15701

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 3	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	73.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	90	90.0	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	77	77.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	86.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	85.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	20	20.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	35.0	34.9	37.7
Completely bedfast residents.	3	3.0	2.3	3.4
Residents confined to chairs.	35	35.0	52.1	50.8
Residents requiring restraints.	25	25.0	40.3	41.3
Confused or disoriented residents.	75	75.0	57.4	58.4
Residents with bed sores.	15	15.0	7.8	7.1
Residents receiving special skin care.	31	31.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INDIAN HAVEN INDIANA CNTY HM

Street Address: 1671 SALTSBURG AVE	**City and State:** INDIANA PA 15701

Participation: MEDICAID SNF/ICF	**# of Beds:** 125	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 0	**Medicaid Residents:** 110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	87.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	116	99.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	112	95.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	96.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	86.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	50.4	34.9	37.7
Completely bedfast residents.	1	0.9	2.3	3.4
Residents confined to chairs.	88	75.2	52.1	50.8
Residents requiring restraints.	76	65.0	40.3	41.3
Confused or disoriented residents.	101	86.3	57.4	58.4
Residents with bed sores.	33	28.2	7.8	7.1
Residents receiving special skin care.	117	100	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JULIA POUND CARE CNTR

Street Address: 1155 INDIAN SPRINGS RD	**City and State:** INDIANA PA 15701

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 3	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	63.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	99	87.6	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	88	77.9	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	81.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	68.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	35.4	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	72	63.7	52.1	50.8
Residents requiring restraints.	58	51.3	40.3	41.3
Confused or disoriented residents.	69	61.1	57.4	58.4
Residents with bed sores.	23	20.4	7.8	7.1
Residents receiving special skin care.	72	63.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SCENERY HILL MANOR INC

Street Address: LION S HEALTH CAMP RD	**City and State:** INDIANA PA 15701

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 3	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	93.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	28	93.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	28	93.3	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	93.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	40.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	30.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	8	26.7	52.1	50.8
Residents requiring restraints.	23	76.7	40.3	41.3
Confused or disoriented residents.	20	66.7	57.4	58.4
Residents with bed sores.	4	13.3	7.8	7.1
Residents receiving special skin care.	30	100	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BALDOCK HLTH CARE CNTRE

Street Address: 8850 BARNES LAKE RD	**City and State:** IRWIN PA 15642

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 3	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	90.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	88	81.5	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	96	88.9	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	87.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	84.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	38.9	34.9	37.7
Completely bedfast residents.	7	6.5	2.3	3.4
Residents confined to chairs.	67	62.0	52.1	50.8
Residents requiring restraints.	64	59.3	40.3	41.3
Confused or disoriented residents.	76	70.4	57.4	58.4
Residents with bed sores.	6	5.6	7.8	7.1
Residents receiving special skin care.	63	58.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEADER NRS REHAB CTR

Street Address: THOMPSON ST KERR AVE	**City and State:** JERSEY SHORE PA 17740

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 4	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	90.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	109	90.8	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	95	79.2	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	63.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	99	82.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	30.0	34.9	37.7
Completely bedfast residents.	4	3.3	2.3	3.4
Residents confined to chairs.	47	39.2	52.1	50.8
Residents requiring restraints.	43	35.8	40.3	41.3
Confused or disoriented residents.	70	58.3	57.4	58.4
Residents with bed sores.	4	3.3	7.8	7.1
Residents receiving special skin care.	25	20.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALLEGHENY LUTHRAN HM

Street Address: 807 GOUCHER ST	**City and State:** JOHNSTOWN PA 15905

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 69	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 4	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	84.1	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	63	91.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	47	68.1	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	69.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	97.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	26.1	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	18	26.1	52.1	50.8
Residents requiring restraints.	40	58.0	40.3	41.3
Confused or disoriented residents.	45	65.2	57.4	58.4
Residents with bed sores.	2	2.9	7.8	7.1
Residents receiving special skin care.	0	0.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARBUTUS PARK MANOR

Street Address: 207 OTTOWA ST	**City and State:** JOHNSTOWN PA 15904

Participation: MEDICAID ICF	**# of Beds:** 147	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	73.9	75.5	78.3
Dressing Residents requiring some or total assistance in dressing.	79	66.4	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	71	59.7	67.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	62.2	68.0	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	60.5	62.4	59.1
Residents on individually written bowel and bladder retraining program.	11	9.2	10.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	43	36.1	29.6	29.3
Completely bedfast residents.	14	11.8	2.1	3.6
Residents confined to chairs.	31	26.1	35.3	39.1
Residents requiring restraints.	46	38.7	32.9	31.7
Confused or disoriented residents.	65	54.6	59.3	55.8
Residents with bed sores.	11	9.2	3.2	4.7
Residents receiving special skin care.	41	34.5	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HIRAM G ANDREWS CNTR

Street Address: 727 GOUCHER ST	**City and State:** JOHNSTOWN PA 15905

Participation: MEDICARE SNF	**# of Beds:** 61	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 07/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 3	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	67.6	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	30	81.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	29	78.4	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	67.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	59.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	10.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	21.6	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	30	81.1	52.1	50.8
Residents requiring restraints.	28	75.7	40.3	41.3
Confused or disoriented residents.	5	13.5	57.4	58.4
Residents with bed sores.	10	27.0	7.8	7.1
Residents receiving special skin care.	11	29.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERCY HOSP NRSG CARE CNTR

Street Address: 1017 FRANKLIN ST		**City and State:** JOHNSTOWN PA 15905	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
61	8	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	80.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	39	63.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	56	91.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	91.8	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	95.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	44.3	34.9	37.7
Completely bedfast residents.	2	3.3	2.3	3.4
Residents confined to chairs.	41	67.2	52.1	50.8
Residents requiring restraints.	29	47.5	40.3	41.3
Confused or disoriented residents.	27	44.3	57.4	58.4
Residents with bed sores.	6	9.8	7.8	7.1
Residents receiving special skin care.	24	39.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRESBYTERIAN HOME/REDSTONE PRESBY

Street Address: 787 GOUCHER ST	**City and State:** JOHNSTOWN PA 15905

Participation: MEDICAID ICF	**# of Beds:** 23	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 0	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	91.3	75.5	78.3
Dressing Residents requiring some or total assistance in dressing.	23	100	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	21	91.3	67.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	91.3	68.0	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	100	62.4	59.1
Residents on individually written bowel and bladder retraining program.	5	21.7	10.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	30.4	29.6	29.3
Completely bedfast residents.	1	4.3	2.1	3.6
Residents confined to chairs.	13	56.5	35.3	39.1
Residents requiring restraints.	15	65.2	32.9	31.7
Confused or disoriented residents.	19	82.6	59.3	55.8
Residents with bed sores.	1	4.3	3.2	4.7
Residents receiving special skin care.	0	0.0	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RICHLAND MANOR

Street Address: 349 VO TECH DRIVE	**City and State:** JOHNSTOWN PA 15904

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 73	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 3	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	97.1	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	66	94.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	60	85.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	85.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	67.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	47.1	34.9	37.7
Completely bedfast residents.	2	2.9	2.3	3.4
Residents confined to chairs.	18	25.7	52.1	50.8
Residents requiring restraints.	27	38.6	40.3	41.3
Confused or disoriented residents.	55	78.6	57.4	58.4
Residents with bed sores.	3	4.3	7.8	7.1
Residents receiving special skin care.	1	1.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHERAN HOME AT KANE

Street Address: SOUTH CLAY ST EXTN	**City and State:** KANE PA 16735

Participation: MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	85.6	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	78	86.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	76	84.4	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	93.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	74.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	65	72.2	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	71	78.9	52.1	50.8
Residents requiring restraints.	61	67.8	40.3	41.3
Confused or disoriented residents.	80	88.9	57.4	58.4
Residents with bed sores.	10	11.1	7.8	7.1
Residents receiving special skin care.	74	82.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CROSSLANDS

Street Address: PO BOX 100		**City and State:** KENNETT SQUARE PA 19348	
Participation: MEDICARE SNF	**# of Beds:** 55	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
55	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	83.6	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	38	69.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	48	87.3	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	27.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	65.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	34.5	34.9	37.7
Completely bedfast residents.	1	1.8	2.3	3.4
Residents confined to chairs.	8	14.5	52.1	50.8
Residents requiring restraints.	0	0.0	40.3	41.3
Confused or disoriented residents.	25	45.5	57.4	58.4
Residents with bed sores.	4	7.3	7.8	7.1
Residents receiving special skin care.	15	27.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KENDAL AT LONGWOOD

Street Address: BOX 100		**City and State:** KENNETT SQUARE PA 19348	
Participation: MEDICARE SNF	**# of Beds:** 88	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
66	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	100	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	55	83.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	37	56.1	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	63.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	43.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	21.2	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	13	19.7	52.1	50.8
Residents requiring restraints.	0	0.0	40.3	41.3
Confused or disoriented residents.	47	71.2	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	30	45.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEADER NRS REHAB CTR

Street Address: 200 2ND AVE	**City and State:** KINGSTON PA 18704

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 171	**Medicare Residents:** 8	**Medicaid Residents:** 107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	139	81.3	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	151	88.3	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	122	71.3	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	76.6	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	111	64.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	29.2	34.9	37.7
Completely bedfast residents.	3	1.8	2.3	3.4
Residents confined to chairs.	95	55.6	52.1	50.8
Residents requiring restraints.	79	46.2	40.3	41.3
Confused or disoriented residents.	76	44.4	57.4	58.4
Residents with bed sores.	29	17.0	7.8	7.1
Residents receiving special skin care.	49	28.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEADER NURS CTR WEST

Street Address: WYOMING AVE DORRANCE ST		**City and State:** KINGSTON PA 18704	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 153	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 146	**Medicare Residents:** 13	**Medicaid Residents:** 99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	71.2	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	128	87.7	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	116	79.5	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	80.8	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	112	76.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	4.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	49.3	34.9	37.7
Completely bedfast residents.	6	4.1	2.3	3.4
Residents confined to chairs.	92	63.0	52.1	50.8
Residents requiring restraints.	74	50.7	40.3	41.3
Confused or disoriented residents.	56	38.4	57.4	58.4
Residents with bed sores.	12	8.2	7.8	7.1
Residents receiving special skin care.	80	54.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARMSTRONG CO HLTH CTR

Street Address: 265 S MCKEAN ST	**City and State:** KITTANNING PA 16201

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	190	LOCAL GOVERNMENT	02/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
189	0	181

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	171	90.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	167	88.4	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	158	83.6	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	161	85.2	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	155	82.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	32.8	34.9	37.7
Completely bedfast residents.	5	2.6	2.3	3.4
Residents confined to chairs.	130	68.8	52.1	50.8
Residents requiring restraints.	14	7.4	40.3	41.3
Confused or disoriented residents.	129	68.3	57.4	58.4
Residents with bed sores.	28	14.8	7.8	7.1
Residents receiving special skin care.	39	20.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESLEY MANOR HLTH CARE CNTR INC

Street Address: ROUTE 422 EAST RD 1		**City and State:** KITTANNING PA 16201	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
111	3	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	81.1	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	95	85.6	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	86	77.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	82.9	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	108	97.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	36.0	34.9	37.7
Completely bedfast residents.	1	0.9	2.3	3.4
Residents confined to chairs.	71	64.0	52.1	50.8
Residents requiring restraints.	57	51.4	40.3	41.3
Confused or disoriented residents.	61	55.0	57.4	58.4
Residents with bed sores.	17	15.3	7.8	7.1
Residents receiving special skin care.	59	53.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KUTZTOWN MANOR INC

Street Address: 120 TREXLER AVE	**City and State:** KUTZTOWN PA 19530

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 122	**Medicare Residents:** 1	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	87.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	99	81.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	81	66.4	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	73.8	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	63.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	29.5	34.9	37.7
Completely bedfast residents.	4	3.3	2.3	3.4
Residents confined to chairs.	54	44.3	52.1	50.8
Residents requiring restraints.	49	40.2	40.3	41.3
Confused or disoriented residents.	60	49.2	57.4	58.4
Residents with bed sores.	12	9.8	7.8	7.1
Residents receiving special skin care.	55	45.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MASONIC HOME OF PENNSYLVANIA

Street Address: 801 RIDGE AVENUE	**City and State:** LAFAYETTE HILLS PA 19444

Participation: MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	54.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	55	73.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	51	68.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	85.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	48.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	25.3	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	45	60.0	52.1	50.8
Residents requiring restraints.	27	36.0	40.3	41.3
Confused or disoriented residents.	48	64.0	57.4	58.4
Residents with bed sores.	8	10.7	7.8	7.1
Residents receiving special skin care.	21	28.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JULIA RIBAUDO HOME

Street Address: 297 CENTER DRIVE	**City and State:** LAKE ARIEL PA 18436

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	94.9	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	93	94.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	92	93.9	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	87.8	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	70.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	60	61.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	61.2	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	63	64.3	52.1	50.8
Residents requiring restraints.	59	60.2	40.3	41.3
Confused or disoriented residents.	85	86.7	57.4	58.4
Residents with bed sores.	11	11.2	7.8	7.1
Residents receiving special skin care.	34	34.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRETHREN VILLAGE

Street Address: PO BOX 5093 3001 LITITZ PK		**City and State:** LANCASTER PA 17601	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 148	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	75.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	124	86.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	102	70.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	100	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	65.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	16	11.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	29.2	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	55	38.2	52.1	50.8
Residents requiring restraints.	64	44.4	40.3	41.3
Confused or disoriented residents.	76	52.8	57.4	58.4
Residents with bed sores.	8	5.6	7.8	7.1
Residents receiving special skin care.	41	28.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CALVARY FELLOWSHIP HOME INC

Street Address: 502 ELIZABETH DRIVE	**City and State:** LANCASTER PA 17601

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 45	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	100	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	40	90.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	37	84.1	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	100	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	18.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	11.4	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	27.3	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	19	43.2	52.1	50.8
Residents requiring restraints.	16	36.4	40.3	41.3
Confused or disoriented residents.	23	52.3	57.4	58.4
Residents with bed sores.	1	2.3	7.8	7.1
Residents receiving special skin care.	16	36.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DUKE CONVALESCENT RESIDENCE

Street Address: 425 N DUKE STREET	**City and State:** LANCASTER PA 17602

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 139	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 137	**Medicare Residents:** 0	**Medicaid Residents:** 117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	66.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	106	77.4	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	87	63.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	66.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	58.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	17.5	34.9	37.7
Completely bedfast residents.	2	1.5	2.3	3.4
Residents confined to chairs.	61	44.5	52.1	50.8
Residents requiring restraints.	44	32.1	40.3	41.3
Confused or disoriented residents.	67	48.9	57.4	58.4
Residents with bed sores.	10	7.3	7.8	7.1
Residents receiving special skin care.	28	20.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAMILTON ARMS NSG AND REHAB CTR

Street Address: 336 S WEST END AVE	**City and State:** LANCASTER PA 17603

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	**Medicare Residents:** 1	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	70.9	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	87	79.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	79	71.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	71.8	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	70.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	26.4	34.9	37.7
Completely bedfast residents.	6	5.5	2.3	3.4
Residents confined to chairs.	45	40.9	52.1	50.8
Residents requiring restraints.	52	47.3	40.3	41.3
Confused or disoriented residents.	64	58.2	57.4	58.4
Residents with bed sores.	10	9.1	7.8	7.1
Residents receiving special skin care.	26	23.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOMESTEAD VILLAGE INC

Street Address: 1800 VILLAGE CIRCLE	**City and State:** LANCASTER PA 17603

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 1	**Medicaid Residents:** 1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	93.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	50	84.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	40	67.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	67.8	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	74.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	35	59.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	15.3	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	15	25.4	52.1	50.8
Residents requiring restraints.	9	15.3	40.3	41.3
Confused or disoriented residents.	15	25.4	57.4	58.4
Residents with bed sores.	4	6.8	7.8	7.1
Residents receiving special skin care.	40	67.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LANCASHIRE HALL

Street Address: 2829 LITITZ PIKE		**City and State:** LANCASTER PA 17601	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 240	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
197	0	119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	151	76.6	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	165	83.8	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	137	69.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	148	75.1	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	123	62.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	24.9	34.9	37.7
Completely bedfast residents.	4	2.0	2.3	3.4
Residents confined to chairs.	103	52.3	52.1	50.8
Residents requiring restraints.	60	30.5	40.3	41.3
Confused or disoriented residents.	111	56.3	57.4	58.4
Residents with bed sores.	24	12.2	7.8	7.1
Residents receiving special skin care.	63	32.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LANCASTER CO HOME CONESTOGA VIEW

Street Address: 900 E KING ST		**City and State:** LANCASTER PA 17602	
Participation: MEDICAID SNF/ICF	**# of Beds:** 452	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
424	0	418

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	341	80.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	360	84.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	337	79.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	352	83.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	331	78.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	51	12.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	167	39.4	34.9	37.7
Completely bedfast residents.	49	11.6	2.3	3.4
Residents confined to chairs.	199	46.9	52.1	50.8
Residents requiring restraints.	165	38.9	40.3	41.3
Confused or disoriented residents.	283	66.7	57.4	58.4
Residents with bed sores.	21	5.0	7.8	7.1
Residents receiving special skin care.	191	45.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MENNONITE HOME

Street Address: 1520 HARRISURG PIKE	**City and State:** LANCASTER PA 17601

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 144	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 142	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	88.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	114	80.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	71	50.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	66.2	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	57.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	20	14.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	23.2	34.9	37.7
Completely bedfast residents.	2	1.4	2.3	3.4
Residents confined to chairs.	39	27.5	52.1	50.8
Residents requiring restraints.	24	16.9	40.3	41.3
Confused or disoriented residents.	60	42.3	57.4	58.4
Residents with bed sores.	4	2.8	7.8	7.1
Residents receiving special skin care.	28	19.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLAGE VISTA SK NSG FACILITY

Street Address: 1941 BENMAR DRIVE PO BX 4101	**City and State:** LANCASTER PA 17603

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 31	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	79.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	25	86.2	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	10	34.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	44.8	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	34.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	20.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	24.1	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	13	44.8	52.1	50.8
Residents requiring restraints.	7	24.1	40.3	41.3
Confused or disoriented residents.	17	58.6	57.4	58.4
Residents with bed sores.	2	6.9	7.8	7.1
Residents receiving special skin care.	4	13.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLAGE VISTA SKILLED NSG FAC

Street Address: 1941 BENMAR DR PO BX 4101		**City and State:** LANCASTER PA 17603	
Participation: MEDICAID SNF/ICF	**# of Beds:** 31	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	90.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	28	93.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	25	83.3	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	76.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	66.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	20.0	34.9	37.7
Completely bedfast residents.	1	3.3	2.3	3.4
Residents confined to chairs.	9	30.0	52.1	50.8
Residents requiring restraints.	6	20.0	40.3	41.3
Confused or disoriented residents.	13	43.3	57.4	58.4
Residents with bed sores.	2	6.7	7.8	7.1
Residents receiving special skin care.	2	6.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WHITEHALL NURSING + CONV CENTER

Street Address: 100 ABBEYVILLE RD		**City and State:** LANCASTER PA 17603	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 173	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
134	3	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	63.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	92	68.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	92	68.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	64.9	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	64.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	14	10.4	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	38.8	34.9	37.7
Completely bedfast residents.	9	6.7	2.3	3.4
Residents confined to chairs.	85	63.4	52.1	50.8
Residents requiring restraints.	65	48.5	40.3	41.3
Confused or disoriented residents.	50	37.3	57.4	58.4
Residents with bed sores.	13	9.7	7.8	7.1
Residents receiving special skin care.	15	11.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOW VALLEY MANOR HEALTHCARE

Street Address: 211 WILLOW VALLEY SQUARE		**City and State:** LANCASTER PA 17602	
Participation: MEDICARE SNF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	70.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	41	87.2	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	35	74.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	72.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	63.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	34	72.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	25.5	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	4	8.5	52.1	50.8
Residents requiring restraints.	5	10.6	40.3	41.3
Confused or disoriented residents.	19	40.4	57.4	58.4
Residents with bed sores.	2	4.3	7.8	7.1
Residents receiving special skin care.	8	17.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ATTLEBORO NSG REHAB CNTR

Street Address: 300E WINCHESTER AVE		**City and State:** LANGHORNE PA 19047	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
158	5	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	141	89.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	136	86.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	133	84.2	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	88.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	118	74.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	23.4	34.9	37.7
Completely bedfast residents.	4	2.5	2.3	3.4
Residents confined to chairs.	98	62.0	52.1	50.8
Residents requiring restraints.	55	34.8	40.3	41.3
Confused or disoriented residents.	116	73.4	57.4	58.4
Residents with bed sores.	15	9.5	7.8	7.1
Residents receiving special skin care.	22	13.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTVIEW NORTH NRS REHAB FAC

Street Address: 262 TOLLGATE ROAD		**City and State:** LANGHORNE PA 19047	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
172	5	115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	120	69.8	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	139	80.8	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	122	70.9	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	79.1	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	58.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	3.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	32.0	34.9	37.7
Completely bedfast residents.	2	1.2	2.3	3.4
Residents confined to chairs.	109	63.4	52.1	50.8
Residents requiring restraints.	54	31.4	40.3	41.3
Confused or disoriented residents.	112	65.1	57.4	58.4
Residents with bed sores.	15	8.7	7.8	7.1
Residents receiving special skin care.	82	47.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LANGHORNE GARDESN NSG CNTR

Street Address: 350 MANOR AVE		**City and State:** LANGHORNE PA 19047	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
108	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	97.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	104	96.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	84	77.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	87.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	75.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	3.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	37.0	34.9	37.7
Completely bedfast residents.	1	0.9	2.3	3.4
Residents confined to chairs.	77	71.3	52.1	50.8
Residents requiring restraints.	83	76.9	40.3	41.3
Confused or disoriented residents.	77	71.3	57.4	58.4
Residents with bed sores.	10	9.3	7.8	7.1
Residents receiving special skin care.	60	55.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DOCK TERRACE

Street Address: DETWILER ROAD	**City and State:** LANSDALE PA 19446

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	72	NON-PROFIT RELIGIOUS	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
62	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathching				
Residents requiring some or total assistance in bathing.	58	93.5	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	61	98.4	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	85.5	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	87.1	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	83.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	40.3	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	41	66.1	52.1	50.8
Residents requiring restraints.	38	61.3	40.3	41.3
Confused or disoriented residents.	43	69.4	57.4	58.4
Residents with bed sores.	7	11.3	7.8	7.1
Residents receiving special skin care.	6	9.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELM TERRACE GARDENS

Street Address: 660 N BROAD ST	**City and State:** LANSDALE PA 19446

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	45	NON-PROFIT PRIVATE	05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
38	0	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	84.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	32	84.2	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	30	78.9	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	65.8	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	84.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	5.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	34.2	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	24	63.2	52.1	50.8
Residents requiring restraints.	14	36.8	40.3	41.3
Confused or disoriented residents.	27	71.1	57.4	58.4
Residents with bed sores.	2	5.3	7.8	7.1
Residents receiving special skin care.	16	42.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GWYNEDD SQUARE CTR FOR NSG CONV CARE

Street Address: 773 SUMNEYTOWN PIKE	**City and State:** LANSDALE PA 19446

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 181	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 171	**Medicare Residents:** 0	**Medicaid Residents:** 109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	48.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	118	69.0	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	106	62.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	55.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	105	61.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	2.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	17.5	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	75	43.9	52.1	50.8
Residents requiring restraints.	68	39.8	40.3	41.3
Confused or disoriented residents.	110	64.3	57.4	58.4
Residents with bed sores.	12	7.0	7.8	7.1
Residents receiving special skin care.	52	30.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTH PENN CONVALESCENT RESIDENCE INC

Street Address: 25W FIFTH STREET		**City and State:** LANSDALE PA 19446	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 133	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
128	2	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	72.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	104	81.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	83	64.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	68.8	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	58.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	4.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	32.8	34.9	37.7
Completely bedfast residents.	1	0.8	2.3	3.4
Residents confined to chairs.	84	65.6	52.1	50.8
Residents requiring restraints.	26	20.3	40.3	41.3
Confused or disoriented residents.	36	28.1	57.4	58.4
Residents with bed sores.	6	4.7	7.8	7.1
Residents receiving special skin care.	54	42.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MARYS MANOR

Street Address: 701 LANSDALE AVE		**City and State:** LANSDALE PA 19446	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 70	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
70	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	98.6	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	63	90.0	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	57	81.4	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	54.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	68.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	12	17.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	40.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	30	42.9	52.1	50.8
Residents requiring restraints.	27	38.6	40.3	41.3
Confused or disoriented residents.	46	65.7	57.4	58.4
Residents with bed sores.	1	1.4	7.8	7.1
Residents receiving special skin care.	42	60.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAPORTE UNITED METHODIST HM

Street Address: EAST MAIN ST		**City and State:** LAPORTE PA 18626	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	84.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	101	84.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	86	72.3	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	89.9	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	48.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	27.7	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	45	37.8	52.1	50.8
Residents requiring restraints.	36	30.3	40.3	41.3
Confused or disoriented residents.	85	71.4	57.4	58.4
Residents with bed sores.	2	1.7	7.8	7.1
Residents receiving special skin care.	63	52.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CEDAR HAVEN LEBANON CNTY HM

Street Address: 590 SO FIFTH AVE	**City and State:** LEBANON PA 17042

Participation: MEDICAID SNF/ICF	**# of Beds:** 360	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 358	**Medicare Residents:** 0	**Medicaid Residents:** 333

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	214	59.8	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	288	80.4	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	225	62.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	247	69.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	226	63.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	95	26.5	34.9	37.7
Completely bedfast residents.	26	7.3	2.3	3.4
Residents confined to chairs.	149	41.6	52.1	50.8
Residents requiring restraints.	84	23.5	40.3	41.3
Confused or disoriented residents.	151	42.2	57.4	58.4
Residents with bed sores.	12	3.4	7.8	7.1
Residents receiving special skin care.	70	19.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEADER NRS REHAB CTR

Street Address: 900 TUCK ST	**City and State:** LEBANON PA 17042

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 134	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 129	**Medicare Residents:** 11	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	77.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	107	82.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	108	83.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	82.9	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	74.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	8	6.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	39.5	34.9	37.7
Completely bedfast residents.	4	3.1	2.3	3.4
Residents confined to chairs.	80	62.0	52.1	50.8
Residents requiring restraints.	39	30.2	40.3	41.3
Confused or disoriented residents.	69	53.5	57.4	58.4
Residents with bed sores.	5	3.9	7.8	7.1
Residents receiving special skin care.	51	39.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKVIEW

Street Address: 1407 OAK ST	**City and State:** LEBANON PA 17042

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 28	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 1	**Medicaid Residents:** 7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	88.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	23	92.0	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	15	60.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	40.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	60.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	24.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	2	8.0	52.1	50.8
Residents requiring restraints.	0	0.0	40.3	41.3
Confused or disoriented residents.	14	56.0	57.4	58.4
Residents with bed sores.	2	8.0	7.8	7.1
Residents receiving special skin care.	16	64.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPANG CREST HOME

Street Address: 945 DUKE ST	**City and State:** LEBANON PA 17042

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 105	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	75.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	80	76.2	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	61	58.1	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	69.5	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	52.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	10	9.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	30.5	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	40	38.1	52.1	50.8
Residents requiring restraints.	28	26.7	40.3	41.3
Confused or disoriented residents.	54	51.4	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	53	50.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GNADEN HUETTEN MEM HOSP-ECF

Street Address: 11TH + HAMILTON STS	**City and State:** LEHIGHTON PA 18235

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 83	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 0	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	91.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	80	97.6	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	76	92.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	93.9	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	69.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	8	9.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	39.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	31	37.8	52.1	50.8
Residents requiring restraints.	41	50.0	40.3	41.3
Confused or disoriented residents.	42	51.2	57.4	58.4
Residents with bed sores.	2	2.4	7.8	7.1
Residents receiving special skin care.	27	32.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAHONING VALLEY NRS REHAB CNTR

Street Address: R D #1 BOX 46		**City and State:** LEHIGHTON PA 18235	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	88.9	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	106	90.6	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	96	82.1	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	90.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	104	88.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	31.6	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	46	39.3	52.1	50.8
Residents requiring restraints.	53	45.3	40.3	41.3
Confused or disoriented residents.	33	28.2	57.4	58.4
Residents with bed sores.	1	0.9	7.8	7.1
Residents receiving special skin care.	93	79.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STATESMAN NURSING CENTER

Street Address: 2629 TRENTON RD		**City and State:** LEVITTOWN PA 19056	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	1	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	81.6	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	82	83.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	75	76.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	78.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	71.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	10	10.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	63.3	34.9	37.7
Completely bedfast residents.	2	2.0	2.3	3.4
Residents confined to chairs.	74	75.5	52.1	50.8
Residents requiring restraints.	63	64.3	40.3	41.3
Confused or disoriented residents.	68	69.4	57.4	58.4
Residents with bed sores.	14	14.3	7.8	7.1
Residents receiving special skin care.	65	66.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRVIEW VILLAGE NSG CNTR

Street Address: 780 WOODLAND AVE		**City and State:** LEWISBERRY PA 17339	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	70.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	71	71.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	58	58.6	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	59.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	57.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	18.2	34.9	37.7
Completely bedfast residents.	3	3.0	2.3	3.4
Residents confined to chairs.	47	47.5	52.1	50.8
Residents requiring restraints.	11	11.1	40.3	41.3
Confused or disoriented residents.	36	36.4	57.4	58.4
Residents with bed sores.	12	12.1	7.8	7.1
Residents receiving special skin care.	38	38.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUFFALO VALLEY LUTHERAN VILLAGE

Street Address:	**City and State:**
OLD FAIRGROUND RD	LEWISBURG PA 17837

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	110	NON-PROFIT RELIGIOUS	03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
104	5	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	87.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	89	85.6	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	79	76.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	73.1	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	76.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	28.8	34.9	37.7
Completely bedfast residents.	4	3.8	2.3	3.4
Residents confined to chairs.	45	43.3	52.1	50.8
Residents requiring restraints.	26	25.0	40.3	41.3
Confused or disoriented residents.	44	42.3	57.4	58.4
Residents with bed sores.	1	1.0	7.8	7.1
Residents receiving special skin care.	37	35.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEWISBURG UNITED METHODIST HOMES

Street Address: R D 3 UNION CO	**City and State:** LEWISBURG PA 17837

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 230	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 224	**Medicare Residents:** 1	**Medicaid Residents:** 79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	160	71.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	165	73.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	135	60.3	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	64.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	132	58.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	55	24.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	87	38.8	34.9	37.7
Completely bedfast residents.	2	0.9	2.3	3.4
Residents confined to chairs.	84	37.5	52.1	50.8
Residents requiring restraints.	41	18.3	40.3	41.3
Confused or disoriented residents.	125	55.8	57.4	58.4
Residents with bed sores.	13	5.8	7.8	7.1
Residents receiving special skin care.	13	5.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OHESSON MANOR

Street Address: 350 GREEN AVE EXT	**City and State:** LEWISTOWN PA 17044

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 134	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	**Medicare Residents:** 4	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	51.9	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	115	87.8	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	97	74.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	78.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	74.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	32.8	34.9	37.7
Completely bedfast residents.	1	0.8	2.3	3.4
Residents confined to chairs.	73	55.7	52.1	50.8
Residents requiring restraints.	60	45.8	40.3	41.3
Confused or disoriented residents.	62	47.3	57.4	58.4
Residents with bed sores.	3	2.3	7.8	7.1
Residents receiving special skin care.	27	20.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLIAM PENN NRS CTR

Street Address:
163 SUMMIT DR

City and State:
LEWISTOWN PA 17044

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
121

Type of Ownership:
PROPRIETARY

Survey Date:
02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
119

Medicare Residents:
6

Medicaid Residents:
89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	68.1	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	83.2	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	73.1	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	73.1	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	58.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	41.2	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	61	51.3	52.1	50.8
Residents requiring restraints.	27	22.7	40.3	41.3
Confused or disoriented residents.	67	56.3	57.4	58.4
Residents with bed sores.	4	3.4	7.8	7.1
Residents receiving special skin care.	24	20.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHLEN HOME OF HUNGARIAN REFORMED

Street Address: PO BOX 657	**City and State:** LIGONIER PA 15658

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 103	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	97.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	99	98.0	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	74	73.3	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	75.2	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	71.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	31.7	34.9	37.7
Completely bedfast residents.	3	3.0	2.3	3.4
Residents confined to chairs.	73	72.3	52.1	50.8
Residents requiring restraints.	55	54.5	40.3	41.3
Confused or disoriented residents.	85	84.2	57.4	58.4
Residents with bed sores.	1	1.0	7.8	7.1
Residents receiving special skin care.	40	39.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIR ACRES GERIATRIC CENTER

Street Address: MIDDLETOWN ROAD	**City and State:** LIMA PA 19037

Participation: MEDICAID SNF/ICF	**# of Beds:** 911	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 867	**Medicare Residents:** 0	**Medicaid Residents:** 855

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	693	79.9	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	706	81.4	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	568	65.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	616	71.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	605	69.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	10	1.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	250	28.8	34.9	37.7
Completely bedfast residents.	4	0.5	2.3	3.4
Residents confined to chairs.	545	62.9	52.1	50.8
Residents requiring restraints.	400	46.1	40.3	41.3
Confused or disoriented residents.	521	60.1	57.4	58.4
Residents with bed sores.	85	9.8	7.8	7.1
Residents receiving special skin care.	176	20.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIMA ESTATES

Street Address: 411 N MIDDLETOWN RD	**City and State:** LIMA PA 19037

Participation: MEDICARE SNF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	84.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	43	84.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	42	82.4	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	80.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	84.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	10	19.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	54.9	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	22	43.1	52.1	50.8
Residents requiring restraints.	15	29.4	40.3	41.3
Confused or disoriented residents.	0	0.0	57.4	58.4
Residents with bed sores.	10	19.6	7.8	7.1
Residents receiving special skin care.	12	23.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUDUBON VILLA

Street Address: 125 SOUTH BROAD ST		**City and State:** LITITZ PA 17543	
Participation: MEDICARE SNF	**# of Beds:** 33	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
32	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	87.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	26	81.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	27	84.4	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	78.1	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	59.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	12.5	34.9	37.7
Completely bedfast residents.	2	6.3	2.3	3.4
Residents confined to chairs.	7	21.9	52.1	50.8
Residents requiring restraints.	6	18.8	40.3	41.3
Confused or disoriented residents.	12	37.5	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	2	6.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LANDIS HOME

Street Address: R D 3		**City and State:** LITITZ PA 17543	
Participation: MEDICAID SNF/ICF	**# of Beds:** 111	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
105	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	73.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	82	78.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	68	64.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	71.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	77.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	53	50.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	27.6	34.9	37.7
Completely bedfast residents.	1	1.0	2.3	3.4
Residents confined to chairs.	27	25.7	52.1	50.8
Residents requiring restraints.	32	30.5	40.3	41.3
Confused or disoriented residents.	46	43.8	57.4	58.4
Residents with bed sores.	7	6.7	7.8	7.1
Residents receiving special skin care.	19	18.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHER ACRES

Street Address: 600 E MAIN STREET	**City and State:** LITITZ PA 17543

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	75.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	79	76.0	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	70	67.3	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	72.1	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	68.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	34.6	34.9	37.7
Completely bedfast residents.	9	8.7	2.3	3.4
Residents confined to chairs.	57	54.8	52.1	50.8
Residents requiring restraints.	32	30.8	40.3	41.3
Confused or disoriented residents.	64	61.5	57.4	58.4
Residents with bed sores.	1	1.0	7.8	7.1
Residents receiving special skin care.	24	23.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORAVIAN MANORS INC

Street Address: 300 W LEMON ST		**City and State:** LITITZ PA 17543	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
105	2	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	81.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	99	94.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	86	81.9	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	80.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	72.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	19.0	34.9	37.7
Completely bedfast residents.	4	3.8	2.3	3.4
Residents confined to chairs.	57	54.3	52.1	50.8
Residents requiring restraints.	72	68.6	40.3	41.3
Confused or disoriented residents.	105	100	57.4	58.4
Residents with bed sores.	1	1.0	7.8	7.1
Residents receiving special skin care.	105	100	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNITED ZION HOME INC

Street Address: 722 FURNACE HILL PIKE	**City and State:** LITITZ PA 17542

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 46	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	80.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	38	82.6	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	32	69.6	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	84.8	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	65.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	32.6	34.9	37.7
Completely bedfast residents.	3	6.5	2.3	3.4
Residents confined to chairs.	12	26.1	52.1	50.8
Residents requiring restraints.	19	41.3	40.3	41.3
Confused or disoriented residents.	20	43.5	57.4	58.4
Residents with bed sores.	1	2.2	7.8	7.1
Residents receiving special skin care.	14	30.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SAMARITAN HOME

Street Address: FRONT ST PO BOX 187		**City and State:** LIVERPOOL PA 17045	
Participation: MEDICAID ICF	**# of Beds:** 24	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
22	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	95.5	75.5	78.3
Dressing Residents requiring some or total assistance in dressing.	19	86.4	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	12	54.5	67.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	95.5	68.0	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	54.5	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	13.6	29.6	29.3
Completely bedfast residents.	0	0.0	2.1	3.6
Residents confined to chairs.	9	40.9	35.3	39.1
Residents requiring restraints.	0	0.0	32.9	31.7
Confused or disoriented residents.	7	31.8	59.3	55.8
Residents with bed sores.	0	0.0	3.2	4.7
Residents receiving special skin care.	0	0.0	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NIPPLE CONV HOME

Street Address: 100 SOUTH FRONT ST	**City and State:** LIVERPOOL PA 17045

Participation: MEDICAID ICF	**# of Beds:** 37	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	85.7	75.5	78.3
Dressing Residents requiring some or total assistance in dressing.	24	68.6	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	20	57.1	67.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	62.9	68.0	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	77.1	62.4	59.1
Residents on individually written bowel and bladder retraining program.	10	28.6	10.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	42.9	29.6	29.3
Completely bedfast residents.	1	2.9	2.1	3.6
Residents confined to chairs.	10	28.6	35.3	39.1
Residents requiring restraints.	6	17.1	32.9	31.7
Confused or disoriented residents.	17	48.6	59.3	55.8
Residents with bed sores.	0	0.0	3.2	4.7
Residents receiving special skin care.	17	48.6	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOCK HAVEN HOSPITAL ECF

Street Address: 24 CREE DRIVE	**City and State:** LOCK HAVEN PA 17745

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 117	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 9	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	66.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	98	86.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	96	85.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	86.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	72.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	35.4	34.9	37.7
Completely bedfast residents.	3	2.7	2.3	3.4
Residents confined to chairs.	71	62.8	52.1	50.8
Residents requiring restraints.	41	36.3	40.3	41.3
Confused or disoriented residents.	67	59.3	57.4	58.4
Residents with bed sores.	12	10.6	7.8	7.1
Residents receiving special skin care.	40	35.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUSQUE VIEW HOME INC

Street Address: CREE DRIVE	**City and State:** LOCK HAVEN PA 17745

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 164	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 160	**Medicare Residents:** 0	**Medicaid Residents:** 142

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	58.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	124	77.5	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	125	78.1	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	65.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	112	70.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	1.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	19.4	34.9	37.7
Completely bedfast residents.	1	0.6	2.3	3.4
Residents confined to chairs.	99	61.9	52.1	50.8
Residents requiring restraints.	65	40.6	40.3	41.3
Confused or disoriented residents.	118	73.7	57.4	58.4
Residents with bed sores.	10	6.3	7.8	7.1
Residents receiving special skin care.	102	63.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELAIR NURSING HOME

Street Address: LITTLE RD	**City and State:** LOWER BURRELL PA 15068

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 107	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 4	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	82.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	91	89.2	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	87	85.3	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	78.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	79.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	24.5	34.9	37.7
Completely bedfast residents.	1	1.0	2.3	3.4
Residents confined to chairs.	62	60.8	52.1	50.8
Residents requiring restraints.	43	42.2	40.3	41.3
Confused or disoriented residents.	77	75.5	57.4	58.4
Residents with bed sores.	8	7.8	7.8	7.1
Residents receiving special skin care.	11	10.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DUNKARD BRETHREN CHURCH HOME

Street Address: RD 3 BOX 312 MT HOPE ROAD	**City and State:** MANHEIM PA 17545

Participation: MEDICAID SNF/ICF	**# of Beds:** 65	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	80.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	50	83.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	43	71.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	73.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	75.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	24	40.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	55.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	39	65.0	52.1	50.8
Residents requiring restraints.	22	36.7	40.3	41.3
Confused or disoriented residents.	35	58.3	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	23	38.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT VIEW HOME

Street Address: PO BOX 487 450 PENRYN ROAD	**City and State:** MANHEIM PA 17545

Participation: MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 127	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	80.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	86	67.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	76	59.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	86.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	61.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	17	13.4	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	33.9	34.9	37.7
Completely bedfast residents.	7	5.5	2.3	3.4
Residents confined to chairs.	66	52.0	52.1	50.8
Residents requiring restraints.	44	34.6	40.3	41.3
Confused or disoriented residents.	53	41.7	57.4	58.4
Residents with bed sores.	6	4.7	7.8	7.1
Residents receiving special skin care.	30	23.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SNYDER MEM HLTH CARE CNTR

Street Address: RT 66 SOUTH CHERRY ST PO BOX 680	**City and State:** MARIENVILLE PA 16239

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	85	PROPRIETARY	06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
2	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	0	0.0	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	2	100	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	1	50.0	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	50.0	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	1	50.0	52.1	50.8
Residents requiring restraints.	0	0.0	40.3	41.3
Confused or disoriented residents.	1	50.0	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	0	0.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPEAR CONVALESCENT HOME

Street Address: PO BOX 37		**City and State:** MARKLEYSBURG PA 15459	
Participation: MEDICAID ICF	**# of Beds:** 79	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
71	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	97.2	75.5	78.3
Dressing Residents requiring some or total assistance in dressing.	64	90.1	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	55	77.5	67.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	83.1	68.0	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	85.9	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	38	53.5	29.6	29.3
Completely bedfast residents.	6	8.5	2.1	3.6
Residents confined to chairs.	31	43.7	35.3	39.1
Residents requiring restraints.	43	60.6	32.9	31.7
Confused or disoriented residents.	57	80.3	59.3	55.8
Residents with bed sores.	5	7.0	3.2	4.7
Residents receiving special skin care.	32	45.1	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHERWOOD OAKS

Street Address: 100 NORMAN DRIVE	**City and State:** MARS PA 16046

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 0	**Medicaid Residents:** 4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	81.1	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	50	94.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	29	54.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	67.9	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	69.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	39.6	34.9	37.7
Completely bedfast residents.	1	1.9	2.3	3.4
Residents confined to chairs.	23	43.4	52.1	50.8
Residents requiring restraints.	20	37.7	40.3	41.3
Confused or disoriented residents.	30	56.6	57.4	58.4
Residents with bed sores.	3	5.7	7.8	7.1
Residents receiving special skin care.	12	22.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOHNS LUTHERAN CARE CTR

Street Address: 500 WITTENBERG WAY P.O.BOX 928	**City and State:** MARS PA 16046

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 245	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 239	**Medicare Residents:** 1	**Medicaid Residents:** 130

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	180	75.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	205	85.8	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	161	67.4	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	200	83.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	134	56.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	10	4.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	84	35.1	34.9	37.7
Completely bedfast residents.	11	4.6	2.3	3.4
Residents confined to chairs.	136	56.9	52.1	50.8
Residents requiring restraints.	100	41.8	40.3	41.3
Confused or disoriented residents.	110	46.0	57.4	58.4
Residents with bed sores.	19	7.9	7.8	7.1
Residents receiving special skin care.	73	30.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOMEWOOD RETIREMENT CENTER

Street Address: 430 S MARKET ST	**City and State:** MARTINSBURG PA 16662

Participation: MEDICAID ICF	**# of Beds:** 67	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	67.8	75.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	49	83.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	61.0	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	66.1	68.0	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	42.4	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	13.6	29.6	29.3
Completely bedfast residents.	3	5.1	2.1	3.6
Residents confined to chairs.	35	59.3	35.3	39.1
Residents requiring restraints.	24	40.7	32.9	31.7
Confused or disoriented residents.	28	47.5	59.3	55.8
Residents with bed sores.	0	0.0	3.2	4.7
Residents receiving special skin care.	7	11.9	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORRISONS COVE HOME

Street Address: 429 S MARKET ST		**City and State:** MARTINSBURG PA 16662	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	72.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	71	71.0	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	65	65.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	65.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	65.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	31.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	28	28.0	52.1	50.8
Residents requiring restraints.	35	35.0	40.3	41.3
Confused or disoriented residents.	72	72.0	57.4	58.4
Residents with bed sores.	2	2.0	7.8	7.1
Residents receiving special skin care.	22	22.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FULTON CTY MED CTR

Street Address: 216 S FIRST ST	**City and State:** MC CONNELLSBURG PA 17233

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 57	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 1	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	89.1	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	50	90.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	45	81.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	81.8	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	72.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	12.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	29.1	34.9	37.7
Completely bedfast residents.	1	1.8	2.3	3.4
Residents confined to chairs.	36	65.5	52.1	50.8
Residents requiring restraints.	33	60.0	40.3	41.3
Confused or disoriented residents.	43	78.2	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	37	67.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHN J KANE REGNL CNTR MCKEESPORT

Street Address: 100 NINTH AVE	**City and State:** MCKEESPORT PA 15132

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	360	LOCAL GOVERNMENT	12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
348	9	338

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	279	80.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	325	93.4	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	314	90.2	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	317	91.1	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	281	80.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	1.4	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	155	44.5	34.9	37.7
Completely bedfast residents.	14	4.0	2.3	3.4
Residents confined to chairs.	268	77.0	52.1	50.8
Residents requiring restraints.	241	69.3	40.3	41.3
Confused or disoriented residents.	162	46.6	57.4	58.4
Residents with bed sores.	82	23.6	7.8	7.1
Residents receiving special skin care.	147	42.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERSIDE NURSING CENTER INC

Street Address: 100 EIGHTH AVE	**City and State:** MCKEESPORT PA 15132

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 9	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	90.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	87	96.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	82	91.1	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	83.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	85.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	30.0	34.9	37.7
Completely bedfast residents.	10	11.1	2.3	3.4
Residents confined to chairs.	62	68.9	52.1	50.8
Residents requiring restraints.	40	44.4	40.3	41.3
Confused or disoriented residents.	53	58.9	57.4	58.4
Residents with bed sores.	24	26.7	7.8	7.1
Residents receiving special skin care.	69	76.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPHS MANOR

Street Address: 1616 HUNTINGDON PIKE	**City and State:** MEADOWBROOK PA 19046

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 197	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 188	**Medicare Residents:** 0	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	149	79.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	158	84.0	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	138	73.4	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	79.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	145	77.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	33.5	34.9	37.7
Completely bedfast residents.	1	0.5	2.3	3.4
Residents confined to chairs.	96	51.1	52.1	50.8
Residents requiring restraints.	82	43.6	40.3	41.3
Confused or disoriented residents.	122	64.9	57.4	58.4
Residents with bed sores.	2	1.1	7.8	7.1
Residents receiving special skin care.	46	24.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADVILLE CARE CNTR

Street Address: RD 3 BOX 350	**City and State:** MEADVILLE PA 16335

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 148	**Medicare Residents:** 4	**Medicaid Residents:** 127

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	66.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	108	73.0	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	90	60.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	65.5	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	64.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	8	5.4	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	22.3	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	55	37.2	52.1	50.8
Residents requiring restraints.	35	23.6	40.3	41.3
Confused or disoriented residents.	96	64.9	57.4	58.4
Residents with bed sores.	13	8.8	7.8	7.1
Residents receiving special skin care.	41	27.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADVILLE HILLSIDE NURS HME

Street Address: 535 WILLIAMSON RD		**City and State:** MEADVILLE PA 16335	
Participation: MEDICAID ICF	**# of Beds:** 17	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
13	0	2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	6	46.2	75.5	78.3
Dressing Residents requiring some or total assistance in dressing.	5	38.5	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	5	38.5	67.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	61.5	68.0	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	15.4	62.4	59.1
Residents on individually written bowel and bladder retraining program.	2	15.4	10.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	23.1	29.6	29.3
Completely bedfast residents.	0	0.0	2.1	3.6
Residents confined to chairs.	2	15.4	35.3	39.1
Residents requiring restraints.	1	7.7	32.9	31.7
Confused or disoriented residents.	2	15.4	59.3	55.8
Residents with bed sores.	0	0.0	3.2	4.7
Residents receiving special skin care.	1	7.7	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies **immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time.** "State" and "Nation" columns **indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.**

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESBURY UNITED METHODIST COMMUNITY

Street Address: 31 N PARK AVE EXTEN	**City and State:** MEADVILLE PA 16335

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 210	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 202	**Medicare Residents:** 0	**Medicaid Residents:** 100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	160	79.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	169	83.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	167	82.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	55.9	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	132	65.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	89	44.1	34.9	37.7
Completely bedfast residents.	2	1.0	2.3	3.4
Residents confined to chairs.	92	45.5	52.1	50.8
Residents requiring restraints.	65	32.2	40.3	41.3
Confused or disoriented residents.	134	66.3	57.4	58.4
Residents with bed sores.	6	3.0	7.8	7.1
Residents receiving special skin care.	76	37.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRETHANY VILLAGE RETIREMENT HOME

Street Address: 325 WESLEY DR	**City and State:** MECHANICSBURG PA 17055

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 69	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	**Medicare Residents:** 2	**Medicaid Residents:** 17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	89.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	59	89.4	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	58	87.9	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	89.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	87.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	16.7	34.9	37.7
Completely bedfast residents.	1	1.5	2.3	3.4
Residents confined to chairs.	26	39.4	52.1	50.8
Residents requiring restraints.	27	40.9	40.3	41.3
Confused or disoriented residents.	43	65.2	57.4	58.4
Residents with bed sores.	5	7.6	7.8	7.1
Residents receiving special skin care.	8	12.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MESSIAH VILLAGE

Street Address: 100 MT ALLEN RD	**City and State:** MECHANICSBURG PA 17055

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 2	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	88.6	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	78	88.6	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	69	78.4	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	78.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	73.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	28.4	34.9	37.7
Completely bedfast residents.	1	1.1	2.3	3.4
Residents confined to chairs.	43	48.9	52.1	50.8
Residents requiring restraints.	31	35.2	40.3	41.3
Confused or disoriented residents.	41	46.6	57.4	58.4
Residents with bed sores.	4	4.5	7.8	7.1
Residents receiving special skin care.	18	20.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SEIDLE MEMORIAL HOSPITAL

Street Address: 120 SOUTH FILBERT STREET	**City and State:** MECHANICSBURG PA 17055

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 35	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 2	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	65.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	32	91.4	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	30	85.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	85.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	85.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	5.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	88.6	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	28	80.0	52.1	50.8
Residents requiring restraints.	18	51.4	40.3	41.3
Confused or disoriented residents.	18	51.4	57.4	58.4
Residents with bed sores.	3	8.6	7.8	7.1
Residents receiving special skin care.	5	14.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BISHOP NURSING HOME

Street Address: 318 S ORANGE ST	**City and State:** MEDIA PA 19063

Participation: MEDICAID SNF/ICF	**# of Beds:** 164	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 146	**Medicare Residents:** 0	**Medicaid Residents:** 128

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	77.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	121	82.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	93	63.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	68.5	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	60.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	34.2	34.9	37.7
Completely bedfast residents.	1	0.7	2.3	3.4
Residents confined to chairs.	68	46.6	52.1	50.8
Residents requiring restraints.	59	40.4	40.3	41.3
Confused or disoriented residents.	84	57.5	57.4	58.4
Residents with bed sores.	5	3.4	7.8	7.1
Residents receiving special skin care.	85	58.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE CENTER AT MARTINS RUN

Street Address: MARTINS RUN HALCYON DR	**City and State:** MEDIA PA 19063

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	96.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	48	87.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	46	83.6	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	87.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	87.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	47.3	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	23	41.8	52.1	50.8
Residents requiring restraints.	24	43.6	40.3	41.3
Confused or disoriented residents.	33	60.0	57.4	58.4
Residents with bed sores.	4	7.3	7.8	7.1
Residents receiving special skin care.	24	43.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANCHESTER HOUSE NSG CONV CTR

Street Address: 411 MANCHESTER AVE		**City and State:** MEDIA PA 19063	
Participation: MEDICAID SNF/ICF	**# of Beds:** 297	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
279	0	205

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	216	77.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	214	76.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	159	57.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	176	63.1	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	163	58.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	0.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	17.2	34.9	37.7
Completely bedfast residents.	9	3.2	2.3	3.4
Residents confined to chairs.	30	10.8	52.1	50.8
Residents requiring restraints.	58	20.8	40.3	41.3
Confused or disoriented residents.	170	60.9	57.4	58.4
Residents with bed sores.	16	5.7	7.8	7.1
Residents receiving special skin care.	52	18.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RMH HB/SNF

Street Address: US ROUTE ONE	**City and State:** MEDIA PA 19063

Participation: MEDICARE SNF	**# of Beds:** 22	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	0	0.0	52.1	50.8
Residents requiring restraints.	0	0.0	40.3	41.3
Confused or disoriented residents.	0	0.0	57.4	58.4
Residents with bed sores.	1	100	7.8	7.1
Residents receiving special skin care.	0	0.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WORKMENS CIRCLE HM EASTERN ZONE

Street Address: 3RD + JACKSON STS		**City and State:** MEDIA PA 19063	
Participation: MEDICAID ICF	**# of Beds:** 32	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	93.3	75.5	78.3
Dressing Residents requiring some or total assistance in dressing.	26	86.7	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	27	90.0	67.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	96.7	68.0	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	93.3	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	50.0	29.6	29.3
Completely bedfast residents.	1	3.3	2.1	3.6
Residents confined to chairs.	3	10.0	35.3	39.1
Residents requiring restraints.	15	50.0	32.9	31.7
Confused or disoriented residents.	28	93.3	59.3	55.8
Residents with bed sores.	1	3.3	3.2	4.7
Residents receiving special skin care.	5	16.7	30.2	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERCER CTY LIVING CNTR

Street Address: RD 2 BOX 2060	**City and State:** MERCER PA 16137

Participation: MEDICAID SNF/ICF	**# of Beds:** 125	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 124	**Medicare Residents:** 0	**Medicaid Residents:** 116

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	93.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	115	92.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	99	79.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	79.8	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	71.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	24.2	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	81	65.3	52.1	50.8
Residents requiring restraints.	81	65.3	40.3	41.3
Confused or disoriented residents.	78	62.9	57.4	58.4
Residents with bed sores.	6	4.8	7.8	7.1
Residents receiving special skin care.	50	40.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEYERSDALE MANOR

Street Address: 201 HOSPITAL DRIVE	**City and State:** MEYERSDALE PA 15552

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 1	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	93.9	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	68	82.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	61	74.4	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	78.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	73.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	30.5	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	32	39.0	52.1	50.8
Residents requiring restraints.	31	37.8	40.3	41.3
Confused or disoriented residents.	69	84.1	57.4	58.4
Residents with bed sores.	10	12.2	7.8	7.1
Residents receiving special skin care.	26	31.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FREY VILLAGE

Street Address: 1020 N UNION ST	**City and State:** MIDDLETOWN PA 17057

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 136	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 132	**Medicare Residents:** 5	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	79.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	106	80.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	102	77.3	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	100	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	66.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	12	9.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	26.5	34.9	37.7
Completely bedfast residents.	1	0.8	2.3	3.4
Residents confined to chairs.	58	43.9	52.1	50.8
Residents requiring restraints.	43	32.6	40.3	41.3
Confused or disoriented residents.	60	45.5	57.4	58.4
Residents with bed sores.	9	6.8	7.8	7.1
Residents receiving special skin care.	55	41.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ODD FELLOWS HOME OF PA

Street Address: 999 W HARRISBURG PIKE		**City and State:** MIDDLETOWN PA 17057	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
102	1	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	70.6	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	84	82.4	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	72	70.6	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	79.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	79.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	25.5	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	35	34.3	52.1	50.8
Residents requiring restraints.	44	43.1	40.3	41.3
Confused or disoriented residents.	85	83.3	57.4	58.4
Residents with bed sores.	5	4.9	7.8	7.1
Residents receiving special skin care.	18	17.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOCUST GROVE RETIRE VILLAGE

Street Address: STAR ROUTE BOX 7	**City and State:** MIFFLIN PA 17058

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 79	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 1	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	100	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	66	86.8	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	57	75.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	69.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	71.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	35.5	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	45	59.2	52.1	50.8
Residents requiring restraints.	12	15.8	40.3	41.3
Confused or disoriented residents.	45	59.2	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	48	63.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROOKLINE MANOR CONV REST HOME

Street Address: RD 1 BOX 77		**City and State:** MIFFLINTOWN PA 17059	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 85	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
85	1	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	82.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	71	83.5	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	66	77.6	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	77.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	67.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	28	32.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	41.2	34.9	37.7
Completely bedfast residents.	3	3.5	2.3	3.4
Residents confined to chairs.	22	25.9	52.1	50.8
Residents requiring restraints.	38	44.7	40.3	41.3
Confused or disoriented residents.	68	80.0	57.4	58.4
Residents with bed sores.	3	3.5	7.8	7.1
Residents receiving special skin care.	49	57.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST HOME INC

Street Address: 404 E HARFORD ST	**City and State:** MILFORD PA 18337

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 57	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	84.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	38	84.4	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	38	84.4	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	84.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	66.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	62.2	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	39	86.7	52.1	50.8
Residents requiring restraints.	32	71.1	40.3	41.3
Confused or disoriented residents.	39	86.7	57.4	58.4
Residents with bed sores.	5	11.1	7.8	7.1
Residents receiving special skin care.	22	48.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILFORD VLY CONVAL HOME INC

Street Address: ROUTES 6 AND 209		**City and State:** MILFORD PA 18337	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
77	3	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	81.8	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	81.8	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	77.9	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	70.1	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	80.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	20	26.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	36.4	34.9	37.7
Completely bedfast residents.	2	2.6	2.3	3.4
Residents confined to chairs.	43	55.8	52.1	50.8
Residents requiring restraints.	37	48.1	40.3	41.3
Confused or disoriented residents.	42	54.5	57.4	58.4
Residents with bed sores.	3	3.9	7.8	7.1
Residents receiving special skin care.	6	7.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUSQUEHANNA LUTHERAN VILLAGE

Street Address: 990 MEDICAL RD	**City and State:** MILLERSBURG PA 17061

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 205	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 191	**Medicare Residents:** 6	**Medicaid Residents:** 117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	151	79.1	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	156	81.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	120	62.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	64.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	53.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	128	67.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	26.7	34.9	37.7
Completely bedfast residents.	7	3.7	2.3	3.4
Residents confined to chairs.	121	63.4	52.1	50.8
Residents requiring restraints.	55	28.8	40.3	41.3
Confused or disoriented residents.	83	43.5	57.4	58.4
Residents with bed sores.	12	6.3	7.8	7.1
Residents receiving special skin care.	58	30.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRIENDLY NRSG HM - MILLMONT

Street Address: RD 1		**City and State:** MILLMONT PA 17845	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
55	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	72.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	45	81.8	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	41	74.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	74.5	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	49.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	29.1	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	31	56.4	52.1	50.8
Residents requiring restraints.	10	18.2	40.3	41.3
Confused or disoriented residents.	29	52.7	57.4	58.4
Residents with bed sores.	4	7.3	7.8	7.1
Residents receiving special skin care.	4	7.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BOONE NURSING HOME

Street Address: R.D. #1 EYERS GROVE, BOX 340	**City and State:** MILLVILLE PA 17846

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	91.7	75.5	78.3
Dressing Residents requiring some or total assistance in dressing.	54	90.0	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	47	78.3	67.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	75.0	68.0	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	65.0	62.4	59.1
Residents on individually written bowel and bladder retraining program.	11	18.3	10.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	35.0	29.6	29.3
Completely bedfast residents.	10	16.7	2.1	3.6
Residents confined to chairs.	22	36.7	35.3	39.1
Residents requiring restraints.	15	25.0	32.9	31.7
Confused or disoriented residents.	18	30.0	59.3	55.8
Residents with bed sores.	1	1.7	3.2	4.7
Residents receiving special skin care.	3	5.0	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLVILLE HEALTH CENTER

Street Address: BOX 320	**City and State:** MILLVILLE PA 17846

Participation: MEDICAID ICF	**# of Beds:** 112	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	80.2	75.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	86	77.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	87	78.4	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	100	68.0	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	48.6	62.4	59.1
Residents on individually written bowel and bladder retraining program.	24	21.6	10.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	27.0	29.6	29.3
Completely bedfast residents.	1	0.9	2.1	3.6
Residents confined to chairs.	26	23.4	35.3	39.1
Residents requiring restraints.	38	34.2	32.9	31.7
Confused or disoriented residents.	44	39.6	59.3	55.8
Residents with bed sores.	4	3.6	3.2	4.7
Residents receiving special skin care.	64	57.7	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KRAMM HEALTHCARE BROADWAY

Street Address: 560 EAST BROADWAY		**City and State:** MILTON PA 17847	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	71.8	75.5	78.3
Dressing Residents requiring some or total assistance in dressing.	35	89.7	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	27	69.2	67.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	76.9	68.0	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	64.1	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	12.8	29.6	29.3
Completely bedfast residents.	6	15.4	2.1	3.6
Residents confined to chairs.	9	23.1	35.3	39.1
Residents requiring restraints.	13	33.3	32.9	31.7
Confused or disoriented residents.	19	48.7	59.3	55.8
Residents with bed sores.	2	5.1	3.2	4.7
Residents receiving special skin care.	8	20.5	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KRAMM HEALTHCARE CNTR INC

Street Address: 743 MAHONING ST	**City and State:** MILTON PA 17847

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 0	**Medicaid Residents:** 93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	73.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	92	80.0	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	85	73.9	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	72.2	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	69.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	43	37.4	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	30.4	34.9	37.7
Completely bedfast residents.	1	0.9	2.3	3.4
Residents confined to chairs.	61	53.0	52.1	50.8
Residents requiring restraints.	41	35.7	40.3	41.3
Confused or disoriented residents.	57	49.6	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	27	23.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAVEN CREST INC

Street Address: 1277 COUNTRY CLUB RD	**City and State:** MONONGAHELA PA 15063

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 2	**Medicaid Residents:** 1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	83.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	36	100	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	33	91.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	91.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	80.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	47.2	34.9	37.7
Completely bedfast residents.	2	5.6	2.3	3.4
Residents confined to chairs.	31	86.1	52.1	50.8
Residents requiring restraints.	30	83.3	40.3	41.3
Confused or disoriented residents.	30	83.3	57.4	58.4
Residents with bed sores.	4	11.1	7.8	7.1
Residents receiving special skin care.	33	91.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR MONROEVILLE

Street Address: 4142 MONROEVILLE BLVD		**City and State:** MONROEVILLE PA 15146	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
87	8	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	86.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	82	94.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	69	79.3	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	79.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	59.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	56.3	34.9	37.7
Completely bedfast residents.	3	3.4	2.3	3.4
Residents confined to chairs.	47	54.0	52.1	50.8
Residents requiring restraints.	48	55.2	40.3	41.3
Confused or disoriented residents.	41	47.1	57.4	58.4
Residents with bed sores.	6	6.9	7.8	7.1
Residents receiving special skin care.	30	34.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODHAVEN CONV CNTR

Street Address: 2400 MCGINLEY RD		**City and State:** MONROEVILLE PA 15146	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
107	10	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	92.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	102	95.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	97	90.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	86.9	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	82.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	10	9.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	43.9	34.9	37.7
Completely bedfast residents.	1	0.9	2.3	3.4
Residents confined to chairs.	74	69.2	52.1	50.8
Residents requiring restraints.	50	46.7	40.3	41.3
Confused or disoriented residents.	69	64.5	57.4	58.4
Residents with bed sores.	17	15.9	7.8	7.1
Residents receiving special skin care.	31	29.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LYCOMING CO HM LYSOCK

Street Address: RD 2	**City and State:** MONTOURSVILLE PA 17754

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 208	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
205	2	178

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	168	82.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	169	82.4	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	145	70.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	70.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	132	64.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	2.4	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	30.7	34.9	37.7
Completely bedfast residents.	11	5.4	2.3	3.4
Residents confined to chairs.	99	48.3	52.1	50.8
Residents requiring restraints.	53	25.9	40.3	41.3
Confused or disoriented residents.	102	49.8	57.4	58.4
Residents with bed sores.	7	3.4	7.8	7.1
Residents receiving special skin care.	83	40.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SYCAMORE MANOR HLTH CNTR

Street Address: RD 3 1445 SYCAMORE RD	**City and State:** MONTOURSVILLE PA 17754

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 1	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	66.1	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	85	73.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	72	62.6	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	70.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	53.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	10	8.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	31.3	34.9	37.7
Completely bedfast residents.	1	0.9	2.3	3.4
Residents confined to chairs.	64	55.7	52.1	50.8
Residents requiring restraints.	35	30.4	40.3	41.3
Confused or disoriented residents.	58	50.4	57.4	58.4
Residents with bed sores.	3	2.6	7.8	7.1
Residents receiving special skin care.	27	23.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASA PARK MANOR NURSING HOME

Street Address: PARK ST	**City and State:** MONTROSE PA 18801

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 63	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	96.8	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	60	95.2	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	59	93.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	98.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	93.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	50	79.4	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	44.4	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	38	60.3	52.1	50.8
Residents requiring restraints.	51	81.0	40.3	41.3
Confused or disoriented residents.	63	100	57.4	58.4
Residents with bed sores.	2	3.2	7.8	7.1
Residents receiving special skin care.	15	23.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOUNT CARMEL NRSNG CNTR

Street Address: 700 W THIRD ST PO BOX 427	**City and State:** MOUNT CARMEL PA 17851

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 4	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	79.1	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	94	81.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	81	70.4	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	73.9	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	67.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	40.9	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	65	56.5	52.1	50.8
Residents requiring restraints.	46	40.0	40.3	41.3
Confused or disoriented residents.	58	50.4	57.4	58.4
Residents with bed sores.	7	6.1	7.8	7.1
Residents receiving special skin care.	39	33.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARMON HOUSE CONV CNTR

Street Address: 601 S CHURCH ST		**City and State:** MOUNT PLEASANT PA 15666	
Participation: MEDICARE SNF	**# of Beds:** 76	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
11	5	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	72.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	11	100	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	10	90.9	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	90.9	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	63.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	63.6	34.9	37.7
Completely bedfast residents.	2	18.2	2.3	3.4
Residents confined to chairs.	4	36.4	52.1	50.8
Residents requiring restraints.	6	54.5	40.3	41.3
Confused or disoriented residents.	6	54.5	57.4	58.4
Residents with bed sores.	3	27.3	7.8	7.1
Residents receiving special skin care.	3	27.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DAVIS NURSING HOME INC

Street Address: ROUTE 309	**City and State:** MOUNTAINTOP PA 18707

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	94.6	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	67	90.5	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	67	90.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	87.8	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	68.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	56.8	34.9	37.7
Completely bedfast residents.	3	4.1	2.3	3.4
Residents confined to chairs.	24	32.4	52.1	50.8
Residents requiring restraints.	30	40.5	40.3	41.3
Confused or disoriented residents.	39	52.7	57.4	58.4
Residents with bed sores.	2	2.7	7.8	7.1
Residents receiving special skin care.	32	43.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. **"Not Met" means the facility was deficient in the indicated area at the time of the survey.**

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SMITH NSG CONV HOME INC

Street Address: 453 MAIN RD		**City and State:** MOUNTAINTOP PA 18707	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 16	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 16	**Medicare Residents:** 0	**Medicaid Residents:** 3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	100	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	16	100	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	13	81.3	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	75.0	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	62.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	43.8	34.9	37.7
Completely bedfast residents.	1	6.3	2.3	3.4
Residents confined to chairs.	5	31.3	52.1	50.8
Residents requiring restraints.	0	0.0	40.3	41.3
Confused or disoriented residents.	10	62.5	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	1	6.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MUNCY VALLEY HOSP

Street Address: 215 E WATER ST	**City and State:** MUNCY PA 17756

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 3	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	82.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	49	86.0	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	50	87.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	89.5	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	86.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	10	17.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	45.6	34.9	37.7
Completely bedfast residents.	2	3.5	2.3	3.4
Residents confined to chairs.	45	78.9	52.1	50.8
Residents requiring restraints.	18	31.6	40.3	41.3
Confused or disoriented residents.	44	77.2	57.4	58.4
Residents with bed sores.	9	15.8	7.8	7.1
Residents receiving special skin care.	16	28.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELDER CREST NRSG HOME

Street Address: 2600 W RUN RD		**City and State:** MUNHALL PA 15120	
Participation: MEDICARE SNF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
35	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	94.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	32	91.4	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	33	94.3	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	94.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	94.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	5.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	62.9	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	32	91.4	52.1	50.8
Residents requiring restraints.	31	88.6	40.3	41.3
Confused or disoriented residents.	29	82.9	57.4	58.4
Residents with bed sores.	1	2.9	7.8	7.1
Residents receiving special skin care.	18	51.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MURRAY MANOR CONV CNTR

Street Address: 3300 LOGAN FERRY RD	**City and State:** MURRYSVILLE PA 15668

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 1	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	33.6	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	101	87.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	85	73.3	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	87.9	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	72.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	46.6	34.9	37.7
Completely bedfast residents.	7	6.0	2.3	3.4
Residents confined to chairs.	85	73.3	52.1	50.8
Residents requiring restraints.	34	29.3	40.3	41.3
Confused or disoriented residents.	67	57.8	57.4	58.4
Residents with bed sores.	23	19.8	7.8	7.1
Residents receiving special skin care.	32	27.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVANGELICAL CONGREGATIONAL RETIRE VILL

Street Address: 5 SOUTH RAILROAD ST	**City and State:** MYERSTOWN PA 17067

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 152	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 149	**Medicare Residents:** 0	**Medicaid Residents:** 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	75.2	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	68.5	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	63.1	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	59.7	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	64.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	16	10.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	24.8	34.9	37.7
Completely bedfast residents.	7	4.7	2.3	3.4
Residents confined to chairs.	39	26.2	52.1	50.8
Residents requiring restraints.	42	28.2	40.3	41.3
Confused or disoriented residents.	84	56.4	57.4	58.4
Residents with bed sores.	5	3.4	7.8	7.1
Residents receiving special skin care.	39	26.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BIRCHWOOD NURSING CENTER LTD

Street Address: 395 E MIDDLE ROAD		**City and State:** NANTICOKE PA 18634	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
111	7	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	81.1	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	99	89.2	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	92	82.9	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	75.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	68.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	8	7.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	25.2	34.9	37.7
Completely bedfast residents.	5	4.5	2.3	3.4
Residents confined to chairs.	82	73.9	52.1	50.8
Residents requiring restraints.	42	37.8	40.3	41.3
Confused or disoriented residents.	65	58.6	57.4	58.4
Residents with bed sores.	9	8.1	7.8	7.1
Residents receiving special skin care.	17	15.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERCY HEALTH CARE CENTER INC

Street Address: 147 NEWPORT ST	**City and State:** NANTICOKE PA 18634

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 16	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	94.4	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	86.0	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	88.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	83.2	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	86.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	20	18.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	46.7	34.9	37.7
Completely bedfast residents.	4	3.7	2.3	3.4
Residents confined to chairs.	70	65.4	52.1	50.8
Residents requiring restraints.	35	32.7	40.3	41.3
Confused or disoriented residents.	74	69.2	57.4	58.4
Residents with bed sores.	9	8.4	7.8	7.1
Residents receiving special skin care.	16	15.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ZERBE SISTERS NURSING CTR

Street Address: RD 1		**City and State:** NARVON PA 17555	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	92.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	72	91.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	69	87.3	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	88.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	87.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	44.3	34.9	37.7
Completely bedfast residents.	2	2.5	2.3	3.4
Residents confined to chairs.	24	30.4	52.1	50.8
Residents requiring restraints.	39	49.4	40.3	41.3
Confused or disoriented residents.	41	51.9	57.4	58.4
Residents with bed sores.	1	1.3	7.8	7.1
Residents receiving special skin care.	27	34.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BIBLE FELLOWSHIP CHURCH HOME

Street Address: 7 S NEW ST		**City and State:** NAZARETH PA 18064	
Participation: MEDICAID ICF	**# of Beds:** 28	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
26	0	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	53.8	75.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	61.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	12	46.2	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	46.2	68.0	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	53.8	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	38.5	29.6	29.3
Completely bedfast residents.	0	0.0	2.1	3.6
Residents confined to chairs.	12	46.2	35.3	39.1
Residents requiring restraints.	9	34.6	32.9	31.7
Confused or disoriented residents.	11	42.3	59.3	55.8
Residents with bed sores.	2	7.7	3.2	4.7
Residents receiving special skin care.	8	30.8	30.2	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORAVIAN HALL SQUARE HLT.CARE CENTER

Street Address: 175 W. NORTH STREET	**City and State:** NAZARETH PA 18064

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 61	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	94.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	17	94.4	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	18	100	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	100	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	100	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	16.7	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	2	11.1	52.1	50.8
Residents requiring restraints.	3	16.7	40.3	41.3
Confused or disoriented residents.	13	72.2	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	0	0.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHAMPTON CO HOME-GRACEDALE

Street Address: NORTHAMPTON COUNTY	**City and State:** NAZARETH PA 18064

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 791	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 771	**Medicare Residents:** 6	**Medicaid Residents:** 757

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	600	77.8	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	657	85.2	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	550	71.3	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	586	76.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	538	69.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	15	1.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	295	38.3	34.9	37.7
Completely bedfast residents.	4	0.5	2.3	3.4
Residents confined to chairs.	432	56.0	52.1	50.8
Residents requiring restraints.	271	35.1	40.3	41.3
Confused or disoriented residents.	488	63.3	57.4	58.4
Residents with bed sores.	53	6.9	7.8	7.1
Residents receiving special skin care.	371	48.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PERRY VILLAGE INC

Street Address: PO BOX 68 RD 2	**City and State:** NEW BLOOMFIELD PA 17068

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 122	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	73.8	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	81	66.4	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	85	69.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	71.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	27.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	4.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	27.0	34.9	37.7
Completely bedfast residents.	2	1.6	2.3	3.4
Residents confined to chairs.	27	22.1	52.1	50.8
Residents requiring restraints.	40	32.8	40.3	41.3
Confused or disoriented residents.	39	32.0	57.4	58.4
Residents with bed sores.	7	5.7	7.8	7.1
Residents receiving special skin care.	44	36.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN HILL NURSING HOME

Street Address: 520 FRIENDSHIP ST	**City and State:** NEW CASTLE PA 16101

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 204	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 189	**Medicare Residents:** 1	**Medicaid Residents:** 136

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	159	84.1	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	162	85.7	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	154	81.5	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	80.4	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	137	72.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	2.1	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	91	48.1	34.9	37.7
Completely bedfast residents.	1	0.5	2.3	3.4
Residents confined to chairs.	131	69.3	52.1	50.8
Residents requiring restraints.	84	44.4	40.3	41.3
Confused or disoriented residents.	107	56.6	57.4	58.4
Residents with bed sores.	8	4.2	7.8	7.1
Residents receiving special skin care.	62	32.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAVEN CONVALESCENT HOME

Street Address: 725 PAUL STREET	**City and State:** NEW CASTLE PA 16101

Participation: MEDICAID ICF	**# of Beds:** 91	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	82.7	75.5	78.3
Dressing Residents requiring some or total assistance in dressing.	70	86.4	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	60	74.1	67.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	86.4	68.0	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	81.5	62.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.2	10.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	45	55.6	29.6	29.3
Completely bedfast residents.	10	12.3	2.1	3.6
Residents confined to chairs.	32	39.5	35.3	39.1
Residents requiring restraints.	40	49.4	32.9	31.7
Confused or disoriented residents.	65	80.2	59.3	55.8
Residents with bed sores.	4	4.9	3.2	4.7
Residents receiving special skin care.	2	2.5	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HIGHLAND HALL CARE CNTR

Street Address: 233-239 W PITTSBURGH RD	**City and State:** NEW CASTLE PA 16101

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 0	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	86.6	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	71	86.6	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	44	53.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	34.1	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	64.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	26.8	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	17	20.7	52.1	50.8
Residents requiring restraints.	48	58.5	40.3	41.3
Confused or disoriented residents.	57	69.5	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	3	3.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLVIEW MANOR LAWRENCE CO HM

Street Address: 2801 ELLWOOD RD	**City and State:** NEW CASTLE PA 16101

Participation: MEDICAID ICF	**# of Beds:** 136	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	**Medicare Residents:** 0	**Medicaid Residents:** 118

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	84.7	75.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	117	89.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	103	78.6	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	66.4	68.0	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	98	74.8	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	26.0	29.6	29.3
Completely bedfast residents.	1	0.8	2.1	3.6
Residents confined to chairs.	59	45.0	35.3	39.1
Residents requiring restraints.	63	48.1	32.9	31.7
Confused or disoriented residents.	105	80.2	59.3	55.8
Residents with bed sores.	4	3.1	3.2	4.7
Residents receiving special skin care.	120	91.6	30.2	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INDIAN CREEK NURSING CENTER

Street Address: 222 WEST EDISON AVE	**City and State:** NEW CASTLE PA 16101

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 5	**Medicaid Residents:** 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	98.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	102	91.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	95	84.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	69.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	83.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	91	81.3	34.9	37.7
Completely bedfast residents.	1	0.9	2.3	3.4
Residents confined to chairs.	89	79.5	52.1	50.8
Residents requiring restraints.	82	73.2	40.3	41.3
Confused or disoriented residents.	87	77.7	57.4	58.4
Residents with bed sores.	7	6.3	7.8	7.1
Residents receiving special skin care.	11	9.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SILVER OAKS NURSING CENTER

Street Address: 715 HARBOR ST		**City and State:** NEW CASTLE PA 16101	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 77	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
77	2	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	74.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	60	77.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	44	57.1	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	55.8	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	54.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	24.7	34.9	37.7
Completely bedfast residents.	1	1.3	2.3	3.4
Residents confined to chairs.	22	28.6	52.1	50.8
Residents requiring restraints.	16	20.8	40.3	41.3
Confused or disoriented residents.	48	62.3	57.4	58.4
Residents with bed sores.	4	5.2	7.8	7.1
Residents receiving special skin care.	34	44.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST FRANCIS HOSP SKLD NSG CNTR

Street Address: SOUTH MERCER AT PHILLIPS ST		**City and State:** NEW CASTLE PA 16101	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 45	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
19	10	5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	94.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	19	100	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	19	100	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	100	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	94.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	94.7	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	19	100	52.1	50.8
Residents requiring restraints.	7	36.8	40.3	41.3
Confused or disoriented residents.	13	68.4	57.4	58.4
Residents with bed sores.	9	47.4	7.8	7.1
Residents receiving special skin care.	19	100	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRETHEREN HOME

Street Address: BOX 128	**City and State:** NEW OXFORD PA 17350

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 286	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 275	**Medicare Residents:** 2	**Medicaid Residents:** 100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	173	62.9	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	205	74.5	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	158	57.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	240	87.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	185	67.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	25	9.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	76	27.6	34.9	37.7
Completely bedfast residents.	1	0.4	2.3	3.4
Residents confined to chairs.	114	41.5	52.1	50.8
Residents requiring restraints.	34	12.4	40.3	41.3
Confused or disoriented residents.	122	44.4	57.4	58.4
Residents with bed sores.	10	3.6	7.8	7.1
Residents receiving special skin care.	86	31.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OVERLOOK MEDICAL CLINIC

Street Address: 408 NEW CASTLE ST	**City and State:** NEW WILMINGTON PA 16142

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 115	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	**Medicare Residents:** 2	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	71.7	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	90.6	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	77.4	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	88.7	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	73.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	34.9	34.9	37.7
Completely bedfast residents.	1	0.9	2.3	3.4
Residents confined to chairs.	62	58.5	52.1	50.8
Residents requiring restraints.	44	41.5	40.3	41.3
Confused or disoriented residents.	60	56.6	57.4	58.4
Residents with bed sores.	11	10.4	7.8	7.1
Residents receiving special skin care.	4	3.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLIDAY HILL NURSING HOME

Street Address: R D 1 BOX 27A		**City and State:** NEWFOUNDLAND PA 18445	
Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
25	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	64.0	75.5	78.3
Dressing Residents requiring some or total assistance in dressing.	18	72.0	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	14	56.0	67.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	60.0	68.0	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	60.0	62.4	59.1
Residents on individually written bowel and bladder retraining program.	11	44.0	10.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	24.0	29.6	29.3
Completely bedfast residents.	0	0.0	2.1	3.6
Residents confined to chairs.	10	40.0	35.3	39.1
Residents requiring restraints.	3	12.0	32.9	31.7
Confused or disoriented residents.	11	44.0	59.3	55.8
Residents with bed sores.	2	8.0	3.2	4.7
Residents receiving special skin care.	12	48.0	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHANDLER HALL

Street Address: BUCK ROAD BARCLAY STREET	**City and State:** NEWTOWN PA 18940

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 57	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	86.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	47	92.2	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	46	90.2	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	90.2	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	17.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	19	37.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	15.7	34.9	37.7
Completely bedfast residents.	1	2.0	2.3	3.4
Residents confined to chairs.	10	19.6	52.1	50.8
Residents requiring restraints.	4	7.8	40.3	41.3
Confused or disoriented residents.	36	70.6	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	0	0.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PENNSWOOD VILLAGE

Street Address: ROUTE 413	**City and State:** NEWTOWN PA 18940

Participation: MEDICARE SNF	**# of Beds:** 45	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
44	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	95.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	43	97.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	42	95.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	95.5	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	84.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	15.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	45.5	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	10	22.7	52.1	50.8
Residents requiring restraints.	10	22.7	40.3	41.3
Confused or disoriented residents.	32	72.7	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	27	61.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PICKERING MANOR

Street Address: 226 NORTH LINCOLN AVE	**City and State:** NEWTOWN PA 18940

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 47	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	84.4	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	84.4	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	80.0	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	80.0	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	64.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	11.1	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	46.7	34.9	37.7
Completely bedfast residents.	1	2.2	2.3	3.4
Residents confined to chairs.	23	51.1	52.1	50.8
Residents requiring restraints.	16	35.6	40.3	41.3
Confused or disoriented residents.	29	64.4	57.4	58.4
Residents with bed sores.	2	4.4	7.8	7.1
Residents receiving special skin care.	6	13.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DUNWOODY HOME MEDICAL CTR

Street Address: 3500 WEST CHESTER PIKE		**City and State:** NEWTOWN SQUARE PA 19073	
Participation: MEDICARE SNF	**# of Beds:** 71	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
64	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	92.2	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	61	95.3	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	95.3	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	82.8	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	67.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	21.9	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	13	20.3	52.1	50.8
Residents requiring restraints.	14	21.9	40.3	41.3
Confused or disoriented residents.	52	81.3	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	13	20.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SWAIM HEALTH CTR

Street Address: GREEN RIDGE VILLAGE SPRING RD	**City and State:** NEWVILLE PA 17241

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 1	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	64.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	44	74.6	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	40	67.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	72.9	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	47.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	10.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	37.3	34.9	37.7
Completely bedfast residents.	5	8.5	2.3	3.4
Residents confined to chairs.	26	44.1	52.1	50.8
Residents requiring restraints.	1	1.7	40.3	41.3
Confused or disoriented residents.	23	39.0	57.4	58.4
Residents with bed sores.	4	6.8	7.8	7.1
Residents receiving special skin care.	31	52.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEADER HEALTH CARE/REHAB CNTR II

Street Address: 2004 OLD ARCH ROAD		**City and State:** NORRISTOWN PA 19401	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	5	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	86.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	86	90.5	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	76	80.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	90.5	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	74.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	3.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	43.2	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	63	66.3	52.1	50.8
Residents requiring restraints.	33	34.7	40.3	41.3
Confused or disoriented residents.	56	58.9	57.4	58.4
Residents with bed sores.	6	6.3	7.8	7.1
Residents receiving special skin care.	37	38.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEADER NURS AND REHB CTR

Street Address: JOHNSON HGWY OLD ARCH RD	**City and State:** NORRISTOWN PA 19401

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 3	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	74.1	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	73	67.6	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	73	67.6	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	75.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	59.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	27	25.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	34.3	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	36	33.3	52.1	50.8
Residents requiring restraints.	51	47.2	40.3	41.3
Confused or disoriented residents.	63	58.3	57.4	58.4
Residents with bed sores.	8	7.4	7.8	7.1
Residents receiving special skin care.	13	12.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORRISTOWN STATE HOSPITAL BLDG 9

Street Address: STANBRIDGE STERIGERE ST	**City and State:** NORRISTOWN PA 19401

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 1	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	85.5	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	84.1	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	81.2	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	68.1	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	85.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	7.2	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	31.9	34.9	37.7
Completely bedfast residents.	5	7.2	2.3	3.4
Residents confined to chairs.	36	52.2	52.1	50.8
Residents requiring restraints.	13	18.8	40.3	41.3
Confused or disoriented residents.	62	89.9	57.4	58.4
Residents with bed sores.	3	4.3	7.8	7.1
Residents receiving special skin care.	60	87.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLYMOUTH HOUSE HLTH CARE CTR INC

Street Address: 900 E GERMANTOWN PIKE		**City and State:** NORRISTOWN PA 19401	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 157	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
140	1	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	121	86.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	116	82.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	111	79.3	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	82.9	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	64.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	11	7.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	76	54.3	34.9	37.7
Completely bedfast residents.	6	4.3	2.3	3.4
Residents confined to chairs.	97	69.3	52.1	50.8
Residents requiring restraints.	64	45.7	40.3	41.3
Confused or disoriented residents.	68	48.6	57.4	58.4
Residents with bed sores.	6	4.3	7.8	7.1
Residents receiving special skin care.	34	24.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REGINA COMMUNITY NURSING CENTER

Street Address: 550 EAST FORNANCE STREET	**City and State:** NORRISTOWN PA 19401

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	81.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	97	81.5	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	97	81.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	81.5	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	76.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	4.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	19.3	34.9	37.7
Completely bedfast residents.	4	3.4	2.3	3.4
Residents confined to chairs.	9	7.6	52.1	50.8
Residents requiring restraints.	55	46.2	40.3	41.3
Confused or disoriented residents.	78	65.5	57.4	58.4
Residents with bed sores.	10	8.4	7.8	7.1
Residents receiving special skin care.	29	24.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. **"Not Met" means the facility** was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRIARCLIFF PAVILION

Street Address: 249 MAUS DRIVE		**City and State:** NORTH HUNTINGDON PA 15642	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	8	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	76.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	101	85.6	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	98	83.1	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	81.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	79.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	11	9.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	29.7	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	38	32.2	52.1	50.8
Residents requiring restraints.	53	44.9	40.3	41.3
Confused or disoriented residents.	55	46.6	57.4	58.4
Residents with bed sores.	13	11.0	7.8	7.1
Residents receiving special skin care.	46	39.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANGELINE NSG HM INC

Street Address: RT 309 & NORTH WALES RD	**City and State:** NORTH WALES PA 19454

Participation: MEDICAID ICF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	80.0	75.5	78.3
Dressing Residents requiring some or total assistance in dressing.	30	100	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	24	80.0	67.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	80.0	68.0	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	60.0	62.4	59.1
Residents on individually written bowel and bladder retraining program.	24	80.0	10.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	20.0	29.6	29.3
Completely bedfast residents.	1	3.3	2.1	3.6
Residents confined to chairs.	6	20.0	35.3	39.1
Residents requiring restraints.	9	30.0	32.9	31.7
Confused or disoriented residents.	22	73.3	59.3	55.8
Residents with bed sores.	0	0.0	3.2	4.7
Residents receiving special skin care.	30	100	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NOTTINGHAM VILLAGE

Street Address: STRAWBRIDGE RD	**City and State:** NORTHUMBERLAND PA 17857

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	69.9	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	89	78.8	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	78	69.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	69.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	68.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	47.8	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	68	60.2	52.1	50.8
Residents requiring restraints.	42	37.2	40.3	41.3
Confused or disoriented residents.	63	55.8	57.4	58.4
Residents with bed sores.	5	4.4	7.8	7.1
Residents receiving special skin care.	34	30.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKMONT NRSG CNTR

Street Address: 26 ANN STREET	**City and State:** OAKMONT PA 15139

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	82.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	76	95.0	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	71	88.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	90.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	71.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	47.5	34.9	37.7
Completely bedfast residents.	2	2.5	2.3	3.4
Residents confined to chairs.	41	51.2	52.1	50.8
Residents requiring restraints.	34	42.5	40.3	41.3
Confused or disoriented residents.	58	72.5	57.4	58.4
Residents with bed sores.	7	8.7	7.8	7.1
Residents receiving special skin care.	28	35.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRESBYTERIAN MED CNTR OAKMONT

Street Address: 1205 HULTON RD	**City and State:** OAKMONT PA 15139

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 202	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 188	**Medicare Residents:** 10	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	155	82.4	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	177	94.1	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	159	84.6	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	150	79.8	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	140	74.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	2.1	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	23.9	34.9	37.7
Completely bedfast residents.	5	2.7	2.3	3.4
Residents confined to chairs.	112	59.6	52.1	50.8
Residents requiring restraints.	117	62.2	40.3	41.3
Confused or disoriented residents.	131	69.7	57.4	58.4
Residents with bed sores.	11	5.9	7.8	7.1
Residents receiving special skin care.	102	54.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRANDVIEW HEALTH CARE

Street Address: 1293 GRANDVIEW ROAD	**City and State:** OIL CITY PA 16301

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 149	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 148	**Medicare Residents:** 4	**Medicaid Residents:** 115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	66.9	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	122	82.4	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	102	68.9	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	64.9	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	58.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	23.6	34.9	37.7
Completely bedfast residents.	1	0.7	2.3	3.4
Residents confined to chairs.	58	39.2	52.1	50.8
Residents requiring restraints.	35	23.6	40.3	41.3
Confused or disoriented residents.	79	53.4	57.4	58.4
Residents with bed sores.	13	8.8	7.8	7.1
Residents receiving special skin care.	32	21.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OIL CITY PRESBYTERIAN HOME

Street Address: 10 VOCH TECH DRIVE		**City and State:** OIL CITY PA 16508	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	83.6	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	104	89.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	80	69.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	78.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	66.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	26.7	34.9	37.7
Completely bedfast residents.	1	0.9	2.3	3.4
Residents confined to chairs.	59	50.9	52.1	50.8
Residents requiring restraints.	53	45.7	40.3	41.3
Confused or disoriented residents.	64	55.2	57.4	58.4
Residents with bed sores.	16	13.8	7.8	7.1
Residents receiving special skin care.	69	59.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LACKAWANNA CNTY HLTH CARE CNTR

Street Address: RD 1 STURGES RD		**City and State:** OLYPHANT PA 18447	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 200	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 196	**Medicare Residents:** 0	**Medicaid Residents:** 181

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	170	86.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	161	82.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	137	69.9	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	162	82.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	123	62.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	13	6.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	87	44.4	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	72	36.7	52.1	50.8
Residents requiring restraints.	73	37.2	40.3	41.3
Confused or disoriented residents.	118	60.2	57.4	58.4
Residents with bed sores.	14	7.1	7.8	7.1
Residents receiving special skin care.	106	54.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHAR MUND NURSING HOME

Street Address: RD 2	**City and State:** ORANGEVILLE PA 17859

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	34	100	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	30	88.2	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	13	38.2	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	32.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	35.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	20	58.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	35.3	34.9	37.7
Completely bedfast residents.	1	2.9	2.3	3.4
Residents confined to chairs.	8	23.5	52.1	50.8
Residents requiring restraints.	4	11.8	40.3	41.3
Confused or disoriented residents.	2	5.9	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	6	17.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KLINGERMAN NURSING CENTER INC

Street Address: RD 2		**City and State:** ORANGEVILLE PA 17859	
Participation: MEDICAID ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
114	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	54.4	75.5	78.3
Dressing Residents requiring some or total assistance in dressing.	81	71.1	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	69	60.5	67.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	58.8	68.0	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	47.4	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	37	32.5	29.6	29.3
Completely bedfast residents.	1	0.9	2.1	3.6
Residents confined to chairs.	24	21.1	35.3	39.1
Residents requiring restraints.	47	41.2	32.9	31.7
Confused or disoriented residents.	60	52.6	59.3	55.8
Residents with bed sores.	2	1.8	3.2	4.7
Residents receiving special skin care.	5	4.4	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODLAND RETIRE CNTR

Street Address: P O BOX 280		**City and State:** ORBISONIA PA 17243	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	83.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	80	88.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	67	74.4	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	68.9	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	88.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	10	11.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	27.8	34.9	37.7
Completely bedfast residents.	1	1.1	2.3	3.4
Residents confined to chairs.	37	41.1	52.1	50.8
Residents requiring restraints.	43	47.8	40.3	41.3
Confused or disoriented residents.	64	71.1	57.4	58.4
Residents with bed sores.	3	3.3	7.8	7.1
Residents receiving special skin care.	43	47.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OXFORD MANOR-PRESBYTERIAN HOME

Street Address: 7 LOCUST ST	**City and State:** OXFORD PA 19363

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	98.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	86	87.8	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	73	74.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	77.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	72.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	4.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	48.0	34.9	37.7
Completely bedfast residents.	2	2.0	2.3	3.4
Residents confined to chairs.	35	35.7	52.1	50.8
Residents requiring restraints.	54	55.1	40.3	41.3
Confused or disoriented residents.	63	64.3	57.4	58.4
Residents with bed sores.	9	9.2	7.8	7.1
Residents receiving special skin care.	68	69.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEBANON VAL BRETHREN HOME

Street Address: 1200 GRUBB ST		**City and State:** PALMYRA PA 17078	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	86.7	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	88.9	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	68.9	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	65.6	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	67.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	45.6	34.9	37.7
Completely bedfast residents.	2	2.2	2.3	3.4
Residents confined to chairs.	60	66.7	52.1	50.8
Residents requiring restraints.	28	31.1	40.3	41.3
Confused or disoriented residents.	62	68.9	57.4	58.4
Residents with bed sores.	3	3.3	7.8	7.1
Residents receiving special skin care.	37	41.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALMYRA NURSING HOME

Street Address: 341 RAILROAD ST	**City and State:** PALMYRA PA 17078

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 39	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	100	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	37	100	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	31	83.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	83.8	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	97.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	16.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	35.1	34.9	37.7
Completely bedfast residents.	1	2.7	2.3	3.4
Residents confined to chairs.	20	54.1	52.1	50.8
Residents requiring restraints.	10	27.0	40.3	41.3
Confused or disoriented residents.	29	78.4	57.4	58.4
Residents with bed sores.	4	10.8	7.8	7.1
Residents receiving special skin care.	6	16.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAIN LINE NURSING REHAB CNTR

Street Address: 283 E LANCASTER AVE	**City and State:** PAOLI PA 19301

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 161	**Medicare Residents:** 3	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	153	95.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	135	83.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	128	79.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	78.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	121	75.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	24.8	34.9	37.7
Completely bedfast residents.	4	2.5	2.3	3.4
Residents confined to chairs.	78	48.4	52.1	50.8
Residents requiring restraints.	63	39.1	40.3	41.3
Confused or disoriented residents.	102	63.4	57.4	58.4
Residents with bed sores.	27	16.8	7.8	7.1
Residents receiving special skin care.	34	21.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PENNSBURG MANOR

Street Address: 5TH AND MACOBY ST	**City and State:** PENNSBURG PA 18073

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 1	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	77.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	105	87.5	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	98	81.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	81.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	77.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	28.3	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	34	28.3	52.1	50.8
Residents requiring restraints.	42	35.0	40.3	41.3
Confused or disoriented residents.	70	58.3	57.4	58.4
Residents with bed sores.	1	0.8	7.8	7.1
Residents receiving special skin care.	21	17.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASHTON HALL NSG REHAB CT

Street Address: 2109 RED LION ROAD	**City and State:** PHILADELPHIA PA 19115

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 148	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 125	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	87.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	105	84.0	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	86	68.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	77.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	60.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	9	7.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	19.2	34.9	37.7
Completely bedfast residents.	3	2.4	2.3	3.4
Residents confined to chairs.	91	72.8	52.1	50.8
Residents requiring restraints.	72	57.6	40.3	41.3
Confused or disoriented residents.	69	55.2	57.4	58.4
Residents with bed sores.	16	12.8	7.8	7.1
Residents receiving special skin care.	74	59.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAPTIST HOME-PHILA

Street Address: 8301 ROOSEVELT BLVD	**City and State:** PHILADELPHIA PA 19115

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 209	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 187	**Medicare Residents:** 0	**Medicaid Residents:** 87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	68.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	147	78.6	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	116	62.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	58.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	116	62.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	2.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	19.3	34.9	37.7
Completely bedfast residents.	9	4.8	2.3	3.4
Residents confined to chairs.	108	57.8	52.1	50.8
Residents requiring restraints.	76	40.6	40.3	41.3
Confused or disoriented residents.	103	55.1	57.4	58.4
Residents with bed sores.	18	9.6	7.8	7.1
Residents receiving special skin care.	65	34.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BOULEVARD NURSING HOME

Street Address: 7950 ROOSEVELT BLVD	**City and State:** PHILADELPHIA PA 19152

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 135	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 129	**Medicare Residents:** 0	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	83	64.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	108	83.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	93	72.1	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	59.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	75.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	27.9	34.9	37.7
Completely bedfast residents.	7	5.4	2.3	3.4
Residents confined to chairs.	38	29.5	52.1	50.8
Residents requiring restraints.	20	15.5	40.3	41.3
Confused or disoriented residents.	62	48.1	57.4	58.4
Residents with bed sores.	10	7.8	7.8	7.1
Residents receiving special skin care.	38	29.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE PAVILION OF WALNUT PARK

Street Address: 6212 WALNUT ST	**City and State:** PHILADELPHIA PA 19139

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 378	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 364	**Medicare Residents:** 7	**Medicaid Residents:** 351

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	266	73.1	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	296	81.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	272	74.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	265	72.8	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	261	71.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	8	2.2	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	113	31.0	34.9	37.7
Completely bedfast residents.	6	1.6	2.3	3.4
Residents confined to chairs.	215	59.1	52.1	50.8
Residents requiring restraints.	133	36.5	40.3	41.3
Confused or disoriented residents.	182	50.0	57.4	58.4
Residents with bed sores.	46	12.6	7.8	7.1
Residents receiving special skin care.	85	23.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CATHEDRAL VILLAGE

Street Address: 600 E CATHEDRAL RD	**City and State:** PHILADELPHIA PA 19128

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 148	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	**Medicare Residents:** 3	**Medicaid Residents:** 6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	81.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	102	78.5	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	78	60.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	64.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	63.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	24.6	34.9	37.7
Completely bedfast residents.	1	0.8	2.3	3.4
Residents confined to chairs.	68	52.3	52.1	50.8
Residents requiring restraints.	26	20.0	40.3	41.3
Confused or disoriented residents.	93	71.5	57.4	58.4
Residents with bed sores.	4	3.1	7.8	7.1
Residents receiving special skin care.	38	29.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTRAL PARK LODGE NSG REHAB CNTR

Street Address: 8833 STENTON AVE		**City and State:** PHILADELPHIA PA 19118	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 195	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
177	1	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	126	71.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	149	84.2	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	130	73.4	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	150	84.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	118	66.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	2.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	33.9	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	100	56.5	52.1	50.8
Residents requiring restraints.	57	32.2	40.3	41.3
Confused or disoriented residents.	81	45.8	57.4	58.4
Residents with bed sores.	11	6.2	7.8	7.1
Residents receiving special skin care.	70	39.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTRAL PK LODGE NSG REHAB WHITEMARSH

Street Address: 9209 RIDGE PIKE		**City and State:** PHILADELPHIA PA 19128	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 237	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
222	3	139

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	193	86.9	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	182	82.0	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	172	77.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	161	72.5	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	135	60.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	15	6.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	69	31.1	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	138	62.2	52.1	50.8
Residents requiring restraints.	78	35.1	40.3	41.3
Confused or disoriented residents.	128	57.7	57.4	58.4
Residents with bed sores.	26	11.7	7.8	7.1
Residents receiving special skin care.	40	18.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHAPEL MANOR NSG AND REHAB CTR

Street Address: 1104 WELSH ROAD	**City and State:** PHILADELPHIA PA 19115

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 240	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 223	**Medicare Residents:** 10	**Medicaid Residents:** 143

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	184	82.5	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	204	91.5	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	155	69.5	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	190	85.2	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	161	72.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	8	3.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	32.3	34.9	37.7
Completely bedfast residents.	6	2.7	2.3	3.4
Residents confined to chairs.	95	42.6	52.1	50.8
Residents requiring restraints.	90	40.4	40.3	41.3
Confused or disoriented residents.	106	47.5	57.4	58.4
Residents with bed sores.	43	19.3	7.8	7.1
Residents receiving special skin care.	121	54.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHELTENHAM NSG REHAB CNTR

Street Address: 600 W CHELTENHAM AVE		**City and State:** PHILADELPHIA PA 19126	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 255	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
239	9	161

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	227	95.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	220	92.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	206	86.2	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	197	82.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	165	69.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	1.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	96	40.2	34.9	37.7
Completely bedfast residents.	3	1.3	2.3	3.4
Residents confined to chairs.	110	46.0	52.1	50.8
Residents requiring restraints.	113	47.3	40.3	41.3
Confused or disoriented residents.	133	55.6	57.4	58.4
Residents with bed sores.	27	11.3	7.8	7.1
Residents receiving special skin care.	75	31.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHELTENHAM YORK RD NSG REHAB CTR

Street Address: 7107 OLD YORK RD	**City and State:** PHILADELPHIA PA 19126

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 240	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 1	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	95.1	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	39	95.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	39	95.1	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	92.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	92.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	2.4	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	65.9	34.9	37.7
Completely bedfast residents.	2	4.9	2.3	3.4
Residents confined to chairs.	33	80.5	52.1	50.8
Residents requiring restraints.	37	90.2	40.3	41.3
Confused or disoriented residents.	37	90.2	57.4	58.4
Residents with bed sores.	14	34.1	7.8	7.1
Residents receiving special skin care.	7	17.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHRIST CHURCH HOSP/KEARSLEY

Street Address: 49TH + MONUMENT AVE	**City and State:** PHILADELPHIA PA 19131

Participation: MEDICAID SNF/ICF	**# of Beds:** 20	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	**Medicare Residents:** 0	**Medicaid Residents:** 13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	23.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	11	64.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	13	76.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	76.5	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	100	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	23.5	34.9	37.7
Completely bedfast residents.	2	11.8	2.3	3.4
Residents confined to chairs.	2	11.8	52.1	50.8
Residents requiring restraints.	1	5.9	40.3	41.3
Confused or disoriented residents.	4	23.5	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	0	0.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLIVEDEN CONVAL CNTR

Street Address: 6400 GREENE ST	**City and State:** PHILADELPHIA PA 19119

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 178	**Medicare Residents:** 0	**Medicaid Residents:** 133

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	137	77.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	148	83.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	129	72.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	72.5	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	65.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	25	14.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	112	62.9	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	104	58.4	52.1	50.8
Residents requiring restraints.	61	34.3	40.3	41.3
Confused or disoriented residents.	117	65.7	57.4	58.4
Residents with bed sores.	4	2.2	7.8	7.1
Residents receiving special skin care.	24	13.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COBBS CREEK NSG CNTR

Street Address: 6900 COBBS CREEK PKWY	**City and State:** PHILADELPHIA PA 19142

Participation: MEDICAID ICF	**# of Beds:** 205	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 166	**Medicare Residents:** 0	**Medicaid Residents:** 160

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	123	74.1	75.5	78.3
Dressing Residents requiring some or total assistance in dressing.	140	84.3	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	134	80.7	67.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	62.0	68.0	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	62.0	62.4	59.1
Residents on individually written bowel and bladder retraining program.	4	2.4	10.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	13.3	29.6	29.3
Completely bedfast residents.	0	0.0	2.1	3.6
Residents confined to chairs.	68	41.0	35.3	39.1
Residents requiring restraints.	67	40.4	32.9	31.7
Confused or disoriented residents.	125	75.3	59.3	55.8
Residents with bed sores.	2	1.2	3.2	4.7
Residents receiving special skin care.	31	18.7	30.2	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELMIRA JEFFRIES MEMORIAL HOME INC

Street Address: 1500 N 15 STREET	**City and State:** PHILADELPHIA PA 19121

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	180	NON-PROFIT RELIGIOUS	10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
174	2	169

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	156	89.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	157	90.2	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	143	82.2	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	74.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	138	79.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	4.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	70	40.2	34.9	37.7
Completely bedfast residents.	5	2.9	2.3	3.4
Residents confined to chairs.	106	60.9	52.1	50.8
Residents requiring restraints.	89	51.1	40.3	41.3
Confused or disoriented residents.	143	82.2	57.4	58.4
Residents with bed sores.	29	16.7	7.8	7.1
Residents receiving special skin care.	36	20.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVANGELICAL MANOR

Street Address: 8401 ROOSEVELT BLVD		**City and State:** PHILADELPHIA PA 19152	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 4	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	89.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	94	83.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	83	74.1	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	98.2	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	68.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	4.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	21.4	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	52	46.4	52.1	50.8
Residents requiring restraints.	59	52.7	40.3	41.3
Confused or disoriented residents.	74	66.1	57.4	58.4
Residents with bed sores.	9	8.0	7.8	7.1
Residents receiving special skin care.	54	48.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRMOUNT GERI CNTR

Street Address: 4001 FORD RD		**City and State:** PHILADELPHIA PA 19131	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
102	3	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	71.6	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	79	77.5	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	77	75.5	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	74.5	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	64.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	22.5	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	56	54.9	52.1	50.8
Residents requiring restraints.	33	32.4	40.3	41.3
Confused or disoriented residents.	46	45.1	57.4	58.4
Residents with bed sores.	5	4.9	7.8	7.1
Residents receiving special skin care.	15	14.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRVIEW CARE CNTR BETHLEHEM PIKE

Street Address: 184 BETHLEHEM PIKE	**City and State:** PHILADELPHIA PA 19118

Participation: MEDICAID ICF	**# of Beds:** 153	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 140	**Medicare Residents:** 0	**Medicaid Residents:** 129

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	118	84.3	75.5	78.3
Dressing Residents requiring some or total assistance in dressing.	104	74.3	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	103	73.6	67.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	68.6	68.0	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	68.6	62.4	59.1
Residents on individually written bowel and bladder retraining program.	23	16.4	10.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	43	30.7	29.6	29.3
Completely bedfast residents.	1	0.7	2.1	3.6
Residents confined to chairs.	73	52.1	35.3	39.1
Residents requiring restraints.	32	22.9	32.9	31.7
Confused or disoriented residents.	83	59.3	59.3	55.8
Residents with bed sores.	5	3.6	3.2	4.7
Residents receiving special skin care.	26	18.6	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRIENDS HALL AT FOX CHASE

Street Address: HARTELL AND HASBROOK AVES	**City and State:** PHILADELPHIA PA 19111

Participation: MEDICARE SNF	**# of Beds:** 27	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 14	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	91.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	23	100	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	23	100	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	91.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	65.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	8.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	82.6	34.9	37.7
Completely bedfast residents.	10	43.5	2.3	3.4
Residents confined to chairs.	10	43.5	52.1	50.8
Residents requiring restraints.	3	13.0	40.3	41.3
Confused or disoriented residents.	8	34.8	57.4	58.4
Residents with bed sores.	5	21.7	7.8	7.1
Residents receiving special skin care.	13	56.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GEORGE L HARRISON OF EPISCOPAL HOS

Street Address: FRONT+ LEHIGH AVE	**City and State:** PHILADELPHIA PA 19125

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 35	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 2	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	94.1	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	32	94.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	30	88.2	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	88.2	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	94.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	2.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	58.8	34.9	37.7
Completely bedfast residents.	4	11.8	2.3	3.4
Residents confined to chairs.	24	70.6	52.1	50.8
Residents requiring restraints.	18	52.9	40.3	41.3
Confused or disoriented residents.	26	76.5	57.4	58.4
Residents with bed sores.	9	26.5	7.8	7.1
Residents receiving special skin care.	19	55.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GERMANTOWN HOME

Street Address: 6950 GERMANTOWN AVE	**City and State:** PHILADELPHIA PA 19119

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 169	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 160	**Medicare Residents:** 4	**Medicaid Residents:** 116

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	55.6	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	137	85.6	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	97	60.6	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	74.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	61.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	10	6.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	24.4	34.9	37.7
Completely bedfast residents.	2	1.2	2.3	3.4
Residents confined to chairs.	113	70.6	52.1	50.8
Residents requiring restraints.	47	29.4	40.3	41.3
Confused or disoriented residents.	77	48.1	57.4	58.4
Residents with bed sores.	7	4.4	7.8	7.1
Residents receiving special skin care.	29	18.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN SLIPPER CLUB, UPTOWN HOME

Street Address: 7800 BUSTLETON AVE	**City and State:** PHILADELPHIA PA 19152

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 240	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 232	**Medicare Residents:** 0	**Medicaid Residents:** 189

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	138	59.5	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	160	69.0	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	116	50.0	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	53.0	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	43.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	1.3	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	30.2	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	100	43.1	52.1	50.8
Residents requiring restraints.	60	25.9	40.3	41.3
Confused or disoriented residents.	115	49.6	57.4	58.4
Residents with bed sores.	11	4.7	7.8	7.1
Residents receiving special skin care.	57	24.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLY FAMILY HOME

Street Address: 5300 CHESTER AVE		**City and State:** PHILADELPHIA PA 19143	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	85.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	76	83.5	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	51	56.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	96.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	57.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	19.8	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	60	65.9	52.1	50.8
Residents requiring restraints.	27	29.7	40.3	41.3
Confused or disoriented residents.	32	35.2	57.4	58.4
Residents with bed sores.	5	5.5	7.8	7.1
Residents receiving special skin care.	43	47.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOME FOR THE JEWISH AGED

Street Address: 5301 OLD YORK RD	**City and State:** PHILADELPHIA PA 19141

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 518	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 455	**Medicare Residents:** 3	**Medicaid Residents:** 318

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	371	81.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	331	72.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	273	60.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	267	58.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	289	63.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	115	25.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	156	34.3	34.9	37.7
Completely bedfast residents.	1	0.2	2.3	3.4
Residents confined to chairs.	188	41.3	52.1	50.8
Residents requiring restraints.	128	28.1	40.3	41.3
Confused or disoriented residents.	297	65.3	57.4	58.4
Residents with bed sores.	24	5.3	7.8	7.1
Residents receiving special skin care.	180	39.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IMMACULATE MARY HOME

Street Address: HOLME CIRCLE+WELSH RD	**City and State:** PHILADELPHIA PA 19136

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 296	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 284	**Medicare Residents:** 10	**Medicaid Residents:** 155

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	205	72.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	245	86.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	222	78.2	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	221	77.8	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	174	61.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	11	3.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	124	43.7	34.9	37.7
Completely bedfast residents.	4	1.4	2.3	3.4
Residents confined to chairs.	246	86.6	52.1	50.8
Residents requiring restraints.	166	58.5	40.3	41.3
Confused or disoriented residents.	207	72.9	57.4	58.4
Residents with bed sores.	22	7.7	7.8	7.1
Residents receiving special skin care.	139	48.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INGLIS HOUSE

Street Address: 2600 BELMONT AVE		**City and State:** PHILADELPHIA PA 19131	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 297	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
282	0	277

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	234	83.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	246	87.2	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	232	82.3	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	241	85.5	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	211	74.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	197	69.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	129	45.7	34.9	37.7
Completely bedfast residents.	3	1.1	2.3	3.4
Residents confined to chairs.	258	91.5	52.1	50.8
Residents requiring restraints.	227	80.5	40.3	41.3
Confused or disoriented residents.	28	9.9	57.4	58.4
Residents with bed sores.	37	13.1	7.8	7.1
Residents receiving special skin care.	161	57.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOGAN SQUARE EAST

Street Address: TWO FRANKLINTOWN BLVD		**City and State:** PHILADELPHIA PA 19103	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 148	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 2	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	55.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	89	76.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	82	70.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	66.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	70.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	6.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	31.9	34.9	37.7
Completely bedfast residents.	2	1.7	2.3	3.4
Residents confined to chairs.	40	34.5	52.1	50.8
Residents requiring restraints.	37	31.9	40.3	41.3
Confused or disoriented residents.	87	75.0	57.4	58.4
Residents with bed sores.	17	14.7	7.8	7.1
Residents receiving special skin care.	68	58.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLEWOOD MANOR CONV CTR INC

Street Address: 125 W SCHOOLHOUSE LANE	**City and State:** PHILADELPHIA PA 19144

Participation: MEDICAID ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 172	**Medicare Residents:** 0	**Medicaid Residents:** 159

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	74.4	75.5	78.3
Dressing Residents requiring some or total assistance in dressing.	144	83.7	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	140	81.4	67.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	80.2	68.0	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	114	66.3	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	62	36.0	29.6	29.3
Completely bedfast residents.	0	0.0	2.1	3.6
Residents confined to chairs.	72	41.9	35.3	39.1
Residents requiring restraints.	63	36.6	32.9	31.7
Confused or disoriented residents.	108	62.8	59.3	55.8
Residents with bed sores.	0	0.0	3.2	4.7
Residents receiving special skin care.	18	10.5	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARWOOD REST HM INC

Street Address: 1018-20 OAK LANE AVE	**City and State:** PHILADELPHIA PA 19126

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 87	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 0	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	75	87.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	73	84.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	60	69.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	82.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	67.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	13	15.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	15.1	34.9	37.7
Completely bedfast residents.	3	3.5	2.3	3.4
Residents confined to chairs.	48	55.8	52.1	50.8
Residents requiring restraints.	21	24.4	40.3	41.3
Confused or disoriented residents.	51	59.3	57.4	58.4
Residents with bed sores.	9	10.5	7.8	7.1
Residents receiving special skin care.	10	11.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAYO NURSING CNTR

Street Address: 650 EDISON AVE	**City and State:** PHILADELPHIA PA 19116

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 241	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 227	**Medicare Residents:** 7	**Medicaid Residents:** 148

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	171	75.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	206	90.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	177	78.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	176	77.5	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	144	63.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	3.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	81	35.7	34.9	37.7
Completely bedfast residents.	5	2.2	2.3	3.4
Residents confined to chairs.	139	61.2	52.1	50.8
Residents requiring restraints.	108	47.6	40.3	41.3
Confused or disoriented residents.	133	58.6	57.4	58.4
Residents with bed sores.	20	8.8	7.8	7.1
Residents receiving special skin care.	96	42.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERCY DOUGLAS HUMAN SRVC CTR

Street Address: 4508-38 CHESTNUT ST		**City and State:** PHILADELPHIA PA 19139	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 172	**Medicare Residents:** 2	**Medicaid Residents:** 170

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	124	72.1	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	131	76.2	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	122	70.9	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	75.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	128	74.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	15	8.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	28.5	34.9	37.7
Completely bedfast residents.	3	1.7	2.3	3.4
Residents confined to chairs.	116	67.4	52.1	50.8
Residents requiring restraints.	83	48.3	40.3	41.3
Confused or disoriented residents.	134	77.9	57.4	58.4
Residents with bed sores.	29	16.9	7.8	7.1
Residents receiving special skin care.	31	18.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW RALSTON HOUSE

Street Address: 3609 CHESTNUT ST	**City and State:** PHILADELPHIA PA 19104

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	82.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	80	88.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	74	82.2	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	84.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	77.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	25.6	34.9	37.7
Completely bedfast residents.	6	6.7	2.3	3.4
Residents confined to chairs.	46	51.1	52.1	50.8
Residents requiring restraints.	34	37.8	40.3	41.3
Confused or disoriented residents.	69	76.7	57.4	58.4
Residents with bed sores.	9	10.0	7.8	7.1
Residents receiving special skin care.	23	25.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHWOOD NURSING CONV HOME INC

Street Address: 4621 CASTOR AVENUE		**City and State:** PHILADELPHIA PA 19124	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 148	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
110	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	90.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	98	89.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	86	78.2	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	76.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	77.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	12	10.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	26.4	34.9	37.7
Completely bedfast residents.	2	1.8	2.3	3.4
Residents confined to chairs.	74	67.3	52.1	50.8
Residents requiring restraints.	55	50.0	40.3	41.3
Confused or disoriented residents.	52	47.3	57.4	58.4
Residents with bed sores.	8	7.3	7.8	7.1
Residents receiving special skin care.	46	41.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK PLEASANT NRSG HM

Street Address: 4712-16 CHESTER AVE	**City and State:** PHILADELPHIA PA 19143

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	**Medicare Residents:** 0	**Medicaid Residents:** 110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	80.9	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	110	100	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	110	100	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	76.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	37.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	3.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	21.8	34.9	37.7
Completely bedfast residents.	1	0.9	2.3	3.4
Residents confined to chairs.	61	55.5	52.1	50.8
Residents requiring restraints.	30	27.3	40.3	41.3
Confused or disoriented residents.	42	38.2	57.4	58.4
Residents with bed sores.	18	16.4	7.8	7.1
Residents receiving special skin care.	25	22.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PAUL'S RUN

Street Address: 9896 BUSTLETON AVE		**City and State:** PHILADELPHIA PA 19115	
Participation: MEDICARE SNF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	86.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	75	90.4	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	63	75.9	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	81.9	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	68.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	3.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	28.9	34.9	37.7
Completely bedfast residents.	1	1.2	2.3	3.4
Residents confined to chairs.	42	50.6	52.1	50.8
Residents requiring restraints.	37	44.6	40.3	41.3
Confused or disoriented residents.	70	84.3	57.4	58.4
Residents with bed sores.	8	9.6	7.8	7.1
Residents receiving special skin care.	48	57.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PENNYPACK MANOR NRSG HM

Street Address: 8015 LAWNDALE ST		**City and State:** PHILADELPHIA PA 19111	
Participation: MEDICARE SNF	**# of Beds:** 56	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	96.2	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	48	90.6	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	33	62.3	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	62.3	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	54.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	7.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	71.7	34.9	37.7
Completely bedfast residents.	4	7.5	2.3	3.4
Residents confined to chairs.	12	22.6	52.1	50.8
Residents requiring restraints.	18	34.0	40.3	41.3
Confused or disoriented residents.	31	58.5	57.4	58.4
Residents with bed sores.	2	3.8	7.8	7.1
Residents receiving special skin care.	4	7.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PHILA NURSING HOME

Street Address: GIRARD CORINTHIAN AVE	**City and State:** PHILADELPHIA PA 19130

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 500	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 448	**Medicare Residents:** 11	**Medicaid Residents:** 437

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	393	87.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	399	89.1	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	358	79.9	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	359	80.1	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	360	80.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	74	16.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	324	72.3	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	286	63.8	52.1	50.8
Residents requiring restraints.	119	26.6	40.3	41.3
Confused or disoriented residents.	290	64.7	57.4	58.4
Residents with bed sores.	73	16.3	7.8	7.1
Residents receiving special skin care.	176	39.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRESBYTERIAN HOME AT 58TH ST

Street Address: 58TH ST + GREENWAY AVE		**City and State:** PHILADELPHIA PA 19143	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
45	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	88.9	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	40	88.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	40	88.9	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	80.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	77.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	9	20.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	22.2	34.9	37.7
Completely bedfast residents.	1	2.2	2.3	3.4
Residents confined to chairs.	7	15.6	52.1	50.8
Residents requiring restraints.	33	73.3	40.3	41.3
Confused or disoriented residents.	32	71.1	57.4	58.4
Residents with bed sores.	1	2.2	7.8	7.1
Residents receiving special skin care.	14	31.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRESBYTERIAN MED.CTR.SKILLED NURSING

Street Address: 51 NORTH 39TH STREET		**City and State:** PHILADELPHIA PA 19404	
Participation: MEDICARE SNF	**# of Beds:** 20	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
1	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	1	100	52.1	50.8
Residents requiring restraints.	0	0.0	40.3	41.3
Confused or disoriented residents.	0	0.0	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	1	100	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REGINA COM NRS CTR

Street Address: 230 N 65 ST	**City and State:** PHILADELPHIA PA 19139

Participation: MEDICAID SNF/ICF	**# of Beds:** 44	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	83.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	33	76.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	36	83.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	79.1	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	72.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	9	20.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	41.9	34.9	37.7
Completely bedfast residents.	1	2.3	2.3	3.4
Residents confined to chairs.	22	51.2	52.1	50.8
Residents requiring restraints.	10	23.3	40.3	41.3
Confused or disoriented residents.	12	27.9	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	39	90.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RITTENHOUSE CARE CENTER

Street Address: 1526 LOMBARD STREET	**City and State:** PHILADELPHIA PA 19146

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 198	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 175	**Medicare Residents:** 4	**Medicaid Residents:** 149

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	145	82.9	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	145	82.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	147	84.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	79.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	131	74.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	2.3	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	22.9	34.9	37.7
Completely bedfast residents.	2	1.1	2.3	3.4
Residents confined to chairs.	97	55.4	52.1	50.8
Residents requiring restraints.	58	33.1	40.3	41.3
Confused or disoriented residents.	114	65.1	57.4	58.4
Residents with bed sores.	22	12.6	7.8	7.1
Residents receiving special skin care.	44	25.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERS EDGE NURS/REHAB CNTR

Street Address: 9501 STATE ROAD	**City and State:** PHILADELPHIA PA 19114

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 1	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	89.9	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	101	92.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	94	86.2	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	76.1	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	67.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	3.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	33.0	34.9	37.7
Completely bedfast residents.	1	0.9	2.3	3.4
Residents confined to chairs.	40	36.7	52.1	50.8
Residents requiring restraints.	30	27.5	40.3	41.3
Confused or disoriented residents.	60	55.0	57.4	58.4
Residents with bed sores.	11	10.1	7.8	7.1
Residents receiving special skin care.	48	44.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SACRED HEART MANOR

Street Address: 6445 GERMANTOWN AVE	**City and State:** PHILADELPHIA PA 19119

Participation: MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	90.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	67	83.7	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	63	78.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	55.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	75.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	3.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	42.5	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	48	60.0	52.1	50.8
Residents requiring restraints.	23	28.7	40.3	41.3
Confused or disoriented residents.	52	65.0	57.4	58.4
Residents with bed sores.	3	3.7	7.8	7.1
Residents receiving special skin care.	15	18.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAUNDERS HOUSE

Street Address: LANCASTER + CITY LINE AVE		**City and State:** PHILADELPHIA PA 19151	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 172	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	74.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	126	73.3	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	109	63.4	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	62.2	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	50.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	14	8.1	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	32.0	34.9	37.7
Completely bedfast residents.	1	0.6	2.3	3.4
Residents confined to chairs.	37	21.5	52.1	50.8
Residents requiring restraints.	58	33.7	40.3	41.3
Confused or disoriented residents.	106	61.6	57.4	58.4
Residents with bed sores.	8	4.7	7.8	7.1
Residents receiving special skin care.	44	25.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SIMPSON HOUSE OF THE METHODIST CHURCH

Street Address: BELMONT + MONUMENT AVE		**City and State:** PHILADELPHIA PA 19131	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 126	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
120	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	70.8	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	79	65.8	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	61	50.8	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	70.8	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	47.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	14.2	34.9	37.7
Completely bedfast residents.	3	2.5	2.3	3.4
Residents confined to chairs.	53	44.2	52.1	50.8
Residents requiring restraints.	15	12.5	40.3	41.3
Confused or disoriented residents.	39	32.5	57.4	58.4
Residents with bed sores.	5	4.2	7.8	7.1
Residents receiving special skin care.	21	17.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST IGNATIUS NURSING HOME

Street Address:
4401 HAVERFORD AVE

City and State:
PHILADELPHIA PA 19104

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
176

Type of Ownership:
NON-PROFIT RELIGIOUS

Survey Date:
10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
161

Medicare Residents:
0

Medicaid Residents:
154

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	161	100	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	146	90.7	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	127	78.9	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	83.9	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	67.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	3.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	28.6	34.9	37.7
Completely bedfast residents.	2	1.2	2.3	3.4
Residents confined to chairs.	124	77.0	52.1	50.8
Residents requiring restraints.	27	16.8	40.3	41.3
Confused or disoriented residents.	133	82.6	57.4	58.4
Residents with bed sores.	17	10.6	7.8	7.1
Residents receiving special skin care.	83	51.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOHN NEUMANN NURSING HME

Street Address: 10400 ROOSEVELT BLVD		**City and State:** PHILADELPHIA PA 19116	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 218	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
218	6	146

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	209	95.9	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	184	84.4	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	178	81.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	191	87.6	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	156	71.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	1.4	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	111	50.9	34.9	37.7
Completely bedfast residents.	1	0.5	2.3	3.4
Residents confined to chairs.	185	84.9	52.1	50.8
Residents requiring restraints.	157	72.0	40.3	41.3
Confused or disoriented residents.	6	2.8	57.4	58.4
Residents with bed sores.	13	6.0	7.8	7.1
Residents receiving special skin care.	47	21.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STAPELEY IN GERMANTOWN

Street Address: 6300 GREENE ST	**City and State:** PHILADELPHIA PA 19144

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 1	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	78.4	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	95	81.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	83	71.6	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	89.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	72.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	30.2	34.9	37.7
Completely bedfast residents.	5	4.3	2.3	3.4
Residents confined to chairs.	57	49.1	52.1	50.8
Residents requiring restraints.	38	32.8	40.3	41.3
Confused or disoriented residents.	78	67.2	57.4	58.4
Residents with bed sores.	4	3.4	7.8	7.1
Residents receiving special skin care.	6	5.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STEPHEN SMITH HOME AGED

Street Address: 4400 W GIRARD AVE	**City and State:** PHILADELPHIA PA 19104

Participation: MEDICAID ICF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 175	**Medicare Residents:** 0	**Medicaid Residents:** 175

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	147	84.0	75.5	78.3
Dressing Residents requiring some or total assistance in dressing.	144	82.3	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	146	83.4	67.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	66.3	68.0	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	144	82.3	62.4	59.1
Residents on individually written bowel and bladder retraining program.	9	5.1	10.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	76	43.4	29.6	29.3
Completely bedfast residents.	0	0.0	2.1	3.6
Residents confined to chairs.	64	36.6	35.3	39.1
Residents requiring restraints.	75	42.9	32.9	31.7
Confused or disoriented residents.	159	90.9	59.3	55.8
Residents with bed sores.	4	2.3	3.2	4.7
Residents receiving special skin care.	13	7.4	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE LAFAYETTE/PHILADELPHIA

Street Address: 8580 VERREE RD		**City and State:** PHILADELPHIA PA 19111	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
106	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	90.6	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	85	80.2	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	69	65.1	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	74.5	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	52.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	9	8.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	10.4	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	18	17.0	52.1	50.8
Residents requiring restraints.	13	12.3	40.3	41.3
Confused or disoriented residents.	59	55.7	57.4	58.4
Residents with bed sores.	7	6.6	7.8	7.1
Residents receiving special skin care.	37	34.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TUCKER HOUSE

Street Address: 1001-11 WALLACE ST	**City and State:** PHILADELPHIA PA 19123

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 171	**Medicare Residents:** 0	**Medicaid Residents:** 155

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	142	83.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	152	88.9	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	129	75.4	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	77.2	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	124	72.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	20.5	34.9	37.7
Completely bedfast residents.	2	1.2	2.3	3.4
Residents confined to chairs.	125	73.1	52.1	50.8
Residents requiring restraints.	86	50.3	40.3	41.3
Confused or disoriented residents.	159	93.0	57.4	58.4
Residents with bed sores.	15	8.8	7.8	7.1
Residents receiving special skin care.	60	35.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNITARIAN UNIVERSALISTS HOUSE

Street Address: 224 W TULPEHOCKEN ST		**City and State:** PHILADELPHIA PA 19144	
Participation: MEDICAID SNF/ICF	**# of Beds:** 39	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	93.9	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	25	75.8	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	23	69.7	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	69.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	69.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	27.3	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	17	51.5	52.1	50.8
Residents requiring restraints.	15	45.5	40.3	41.3
Confused or disoriented residents.	18	54.5	57.4	58.4
Residents with bed sores.	1	3.0	7.8	7.1
Residents receiving special skin care.	1	3.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNIVERSITY NSG HOME

Street Address: 747 S BROAD ST		**City and State:** PHILADELPHIA PA 19147	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 248	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 231	**Medicare Residents:** 32	**Medicaid Residents:** 176

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	156	67.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	175	75.8	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	150	64.9	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	203	87.9	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	158	68.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	36	15.6	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	65	28.1	34.9	37.7
Completely bedfast residents.	14	6.1	2.3	3.4
Residents confined to chairs.	113	48.9	52.1	50.8
Residents requiring restraints.	33	14.3	40.3	41.3
Confused or disoriented residents.	110	47.6	57.4	58.4
Residents with bed sores.	28	12.1	7.8	7.1
Residents receiving special skin care.	24	10.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WALT WHITMAN CONV CNTR

Street Address: 4TH PORTER ST		**City and State:** PHILADELPHIA PA 19147	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
104	10	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	88.5	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	93	89.4	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	89	85.6	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	73.1	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	88.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	4.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	33.7	34.9	37.7
Completely bedfast residents.	3	2.9	2.3	3.4
Residents confined to chairs.	87	83.7	52.1	50.8
Residents requiring restraints.	85	81.7	40.3	41.3
Confused or disoriented residents.	89	85.6	57.4	58.4
Residents with bed sores.	12	11.5	7.8	7.1
Residents receiving special skin care.	28	26.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOWCREST BAMBERGER

Street Address: YORK AND TABOR ROADS	**City and State:** PHILADELPHIA PA 19141

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 40	**Medicaid Residents:** 6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	80.7	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	57	100	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	57	100	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	94.7	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	68.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	43.9	34.9	37.7
Completely bedfast residents.	14	24.6	2.3	3.4
Residents confined to chairs.	38	66.7	52.1	50.8
Residents requiring restraints.	5	8.8	40.3	41.3
Confused or disoriented residents.	11	19.3	57.4	58.4
Residents with bed sores.	17	29.8	7.8	7.1
Residents receiving special skin care.	7	12.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
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